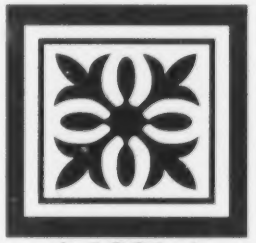
A Time of Opportunity

Annual Report of the State Health Officer
Alabama Department of Public Health

A Time *of* Challenge



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With the development of Healthy Alabama 2000, Alabama established unprecedented health objectives to reduce disability and death by the year 2000. In doing so we claimed our place as one of the first nine states in the country to initiate Healthy People 2000, the United States' framework for the development of an explicit national disease prevention and health promotion plan to cut skyrocketing medical costs. ▣ *I* cannot stress enough the importance of this initiative. The Health Care Financing Administration estimates that total health care spending jumped by 10.5 percent last year for the third consecutive year, hitting $666.2 billion, or 12.2 percent of the gross national product--an all-time high. If we continue this trend, we face a potentially devastating health care bill of well over a trillion dollars by the year 2000. ▣ *W*e cannot afford this, and we should not allow this, for we do have the means to prevent this cost and the human loss it represents. Controlling fewer than 10 risk factors can prevent between 40 and 70 percent of all premature deaths, a third of all cases of acute disability, and two-thirds of all cases of chronic disability. We could prevent unnecessary expenses from our top three causes of disability and death--heart disease, cancer, and stroke--with a few simple, relatively inexpensive measures. Coronary bypass

A Time *of* Challenge

→ 1991 ←

A Time *of* Opportunity

1991 activities improved services, achieved substantial savings

surgery, an avoidable intervention of heart disease, costs an average of $30,000 per patient. Hemiplegia treatment and rehabilitation for stroke costs about $22,000 per patient. We could prevent such expenditures and accompanying lost productivity with a hypertension screening program for approximately $100 a year per patient. In the area of breast cancer, we could save around $8,500 in treatment per patient by detecting this cancer in the early stages through mammography screening. This is what Healthy Alabama 2000 is about: putting into practice the life-saving, cost-saving economics of prevention. In 1991 we brought together the state's leaders in health-related fields and set a prevention agenda with quantifiable targets for improving health status, reducing risk factors for disease and disability, and improving services by the year 2000. The summary of this effort in the following pages shows the minimum we must do to accomplish these goals, and some of the objectives we have selected to guide and account for our efforts.

Healthy Alabama 2000 reflects the Alabama Department of Public Health's philosophy of constantly seeking ways to provide prevention-oriented services to achieve both human and economic savings. 1991 proved to be another year of such important accomplishments, just a few of which are summarized below:

- Recorded a record 10 percent reduction in the infant mortality rate, from 12.1 percent per 1,000 live births in 1989 to 10.9 in 1990. The downward trend followed a concerted effort by the Health Department and the Alabama Medicaid Agency to expand services through a variety of means, including outplacing Medicaid eligibility workers in county health departments and implementing an Infant Home Visit Program.

State Health Officer Dr. Earl Fox presenting testimony to Congress on behalf of Alabama

- Continued expansion of the Home Health Program, which operates in 66 of the state's 67 counties and is currently the second largest such program in the nation.
- Created a savings of about $250,000 through the implementation of an automated system for processing WIC vouchers. In addition, the Health Department renegotiated a rebate with a formula supplier that will generate a rebate total of $18 million per year and enable the department to serve an additional 35,000 WIC participants per month. The WIC Program also increased breastfeeding by 38% among program mothers.
- Expanded hypertension services to four additional counties, bringing the total number served to 62. With almost complete state coverage, Alabama has one of the largest public health hypertension programs in the country.
- Passed a seatbelt law for Alabama, in keeping with the president's directive to increase safety belt usage from the current U.S. rate of 49 percent to 70 percent by 1992. Belt use in states with a law is generally 50 percent higher than use in non-law states. In 1989, if every front seat occupant had buckled up, the U.S. could have saved an estimated $10.5 billion in injury-related costs.
- Received community environmental protection grant to install and demonstrate constructed wetlands sewage systems for low-to-moderate income families in north Alabama counties. Improper sewage disposal is a leading cause of groundwater pollution and disease.
- Received recognition for having one of the best food inspection procedures in the southeast.
- Ranked #1 in the country for the fifth consecutive year by CDC for Behavioral Risk Factor Surveillance System Survey (BRFSS).
- Recognized by the National Registry of Emergency Medical Technicians for breaking all national records in the number of EMT students tested. All Alabama paramedic programs now have American Medical Association accreditation.
- Continued to see a demand for the services of the Center for Community Health Development, which helps areas to assess their health care service delivery needs and develop local leadership and involvement to meet these needs.
- Staffed the new Minority Health Office and addressed through a variety of programs important minority health issues, including infant mortality, black male homicides, sexually transmitted diseases, and AIDS.

With these and so many other activities underway to improve the health and economic well-being of the state, I am looking forward to the year 2000 to see how much we accomplish during the last critical years of the 20th century. This is truly a time of challenge and a time of opportunity, a time that will make all the difference in Alabama's future.

Claude Earl Fox, M.D., M.P.H.
State Health Officer

Healthy Alabama 2000 Project Summary

Over 2000 organizations and individuals participated in the development of Healthy Alabama 2000. The compelling goal of this cooperative effort is to make the critical point that we can no longer afford not to invest in the prevention of injury and disease.

Origin of Healthy Alabama 2000

Healthy Alabama 2000 is a statewide cooperative project to set a prevention agenda with quantifiable targets for improving health status, reducing risk factors for disease and disability, and improving services by the year 2000.

The overall goal of the project is to increase the years of healthy, productive life for all Alabamians.

This project is part of Healthy People 2000, a broad-based initiative led by the United States Public Health Service to improve the nation's health status through reduction of risk factors and improved access to health services.

In Fall 1990 the U.S. Secretary of Health and Human Services launched the national objectives for the advent of the twenty-first century with the release of the document *Healthy People 2000: National Health Promotion and Disease Prevention Objectives for the Year 2000*. This document provides an assessment and refinement of the health strategy initiated in 1979 called the 1990 Health Objectives. *Healthy People 2000* addresses health promotion, health protection, and preventive activities in 22 priority areas.

Development of the Project

In 1990 the Alabama Department of Public Health began the following process to develop a set of health objectives for the state based on the deliberation of a broad consortium of individuals, agencies, and organizations:

- Formed a planning team to draft an outline for developing the objectives
- Held seven public meetings in public health areas throughout the state during January-February 1991
- Compiled the testimony from those involved in the meetings and used this information as a guide in the selection of priority areas for Alabama's health objectives
- Convened in April 1991 a statewide conference, co-sponsored by over 60 organizations and attended by more than 700 individuals, to further define and highlight needs and concerns of the public and various interest groups
- Identified representatives to make recommendations for the final selection of objectives for statewide consensus and publication; convened the Task Force for Alabama's Health Objectives for the Year 2000; and formed work groups which met from May to August to refine and revise objectives
- Placed objectives in final draft form and mailed to co-sponsoring agencies and organizations for review.

Organization of Alabama's Objectives

The Healthy Alabama 2000 Project's health objectives are organized under four broad health headings to facilitate activities in overlapping areas and to simplify communication of the objectives to the media and the public.

Sixty objectives representing nearly all 22 of the national Healthy People 2000 priority areas are organized and numbered as follows:

Priority Area	*Number of Objectives*
1. Chronic Diseases	21
2. Communicable Diseases	12
3. Environmental Health, Injury Control, & Occupational Safety & Health	13
4. Maternal, Reproductive, & Child Health	14

Health status objectives and risk reduction objectives are included within each health area.

In addition, *services and protection objectives* are included for Chronic Diseases and Maternal, Reproductive, and Child Health.

The Healthy Alabama 2000 Project cannot and does not attempt to cover all of Alabama's health needs. One criterion in the final selection of Alabama's objectives was the availability of statewide baseline data and data sources so that progress could be tracked. However, a selected number of objectives are included even though statewide data are not yet available because they are considered vital to the overall goals of an area or necessary to facilitate the achievement of an objective. A commitment has been made to develop a data base for all objectives.

Healthy Alabama 2000 Implementation

Implementation of activities to achieve the objectives will be encouraged and supported by the agencies and organizations that have participated in the Healthy Alabama 2000 Project. It is expected that these groups will enhance existing programs and expand activities utilizing Healthy Alabama 2000 objectives as guidelines.

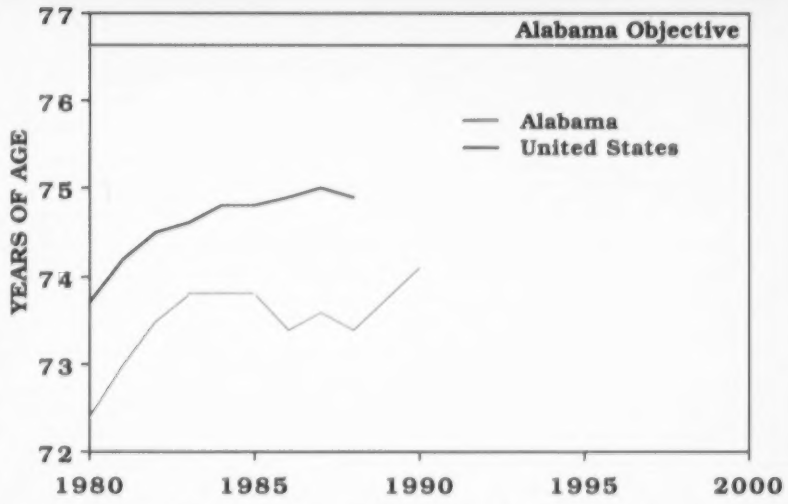
Progress toward the objectives will be tracked through existing data collection systems. Development of data collection systems will be encouraged for those objectives for which statewide baseline data do not currently exist.

Annually, highlights of progress will be disseminated through existing health department publications and media sources, as well as through the Healthy Alabama 2000 Project agencies and organizations. A mid-course report and statewide conference are planned for 1996.

Excerpt from Letter to State Health Officer Dr. Earl Fox:

"National efforts to achieve Healthy People 2000 will succeed or fail depending on the quality of work done at State and local levels....Especially impressive are your efforts to involve a broad and extensive range of individuals and groups in your objectives setting exercise. I know that your attention to public and professional involvement in the process will have a solid pay-off throughout the decade as you pursue achievement of the Alabama health objectives....Thank you for your contribution, through Healthy Alabama 2000, to national efforts to improve health for all Americans."

J. Michael McGinnis, M.D.
Deputy Assistant Secretary for Health
Director, Office of Disease Prevention and Health Promotion



The overall goal of Healthy Alabama 2000 is to increase the life expectancy of Alabamians as follows:

Per 100,000 People, Alabama	*1989 Baseline*	*2000 Target*
a. Total population	74.1 years	76.7 years
b. White males	71.8 years	74.4 years
c. White females	78.9 years	81.5 years
d. Black and other males	65.7 years	68.3 years
e. Black and other females	74.6 years	77.2 years

(Alabama Baseline Source: Alabama Department of Public Health, Center for Health Statistics)

Healthy Alabama 2000
Selected Health Objectives

Selected Health Status Objectives	*Baseline*	*Year 2000 Target*
AIDS, new cases per year*	240 in 1990	500
Alcohol-related car crash deaths**	50.1% in 1989	25%
Cancer deaths (total)*	137.8/100,000 in 1989	135/100,000
Breast cancer deaths*	21.4/100,000 in 1989	20.2/100,000
Lung cancer deaths*	42.8/100,000 in 1989	45/100,000
Coronary heart disease deaths*	111.4/100,000 in 1989	100/100,000
Diabetes deaths*	10.4/100,000 in 1989	9/100,000
Gonorrhea cases*	499/100,000 in 1990	330/100,000
Homicides*	12.1/100,000 in 1989	9/100,000
Infant deaths*	10.9/1,000 live births in 1990	8/1,000 live births
Stroke deaths*	34.8/100,000 in 1989	30/100,000
Suicides*	11.4/100,000 in 1989	8.3/100,000
Work-related injury deaths***	8.7/100,000 full-time workers, 1980-86 average	5.8/100,000
Unintentional injury deaths*	45.4/100,000 in 1989	35/100,000

(Baseline sources: Alabama Department of Public Health/ Alabama Department of Public Safety**/National Institute for Occupational Safety and Health***)*

Selected Health Risk Reduction Objectives	*Baseline*	*Year 2000 Target*
Alcohol consumption (reduce proportion of adults who consume 60 or more drinks per month)	2.3% in 1989	1.75%
Blood cholesterol level at 240 mg/dl or higher	24% in 1989	20%
Breast exam & mammogram (females ages 50 & over within the past 3 years)	52.9% in 1989	60%
Car passenger restraint use (ages 6 and over)	46.3% in 1991	70%
Child passenger restraint use (ages 0-5)	57.9% in 1991	70%
Cigarette smoking (aged 18 and over)	22.4% in 1990	15%
High blood pressure, uncontrolled among adults 18 and over	88.9% in 1986	80%
Immunizations (by age 2)	50% in 1991	90%
Overweight (ages 18 and over)	19.6% in 1989	15%
Physical activity (30 minutes daily light to moderate activity, ages 18 and over)	8.4% in 1989	30%
Prenatal care, beginning 1st trimester	73.1% in 1989	90%

(Baseline source: Alabama Department of Public Health)

Health Profile of Alabama

Population, 1990

Total:	4,040,587/100.0%
White:	2,975,797/73.6%
Black & other:	1,064,790/26.4%
Under 20:	1,196,721/29.6%
65 years plus:	522,989/12.9%

Selected Vital Events, 1990

(Rates are per 1,000 population except where noted.)

Births:	63,420;	Rate 15.7	
Deaths:	39,335;	Rate 9.7	
Births to teens:	11,552;	Rate 37.9	(Rate is per 1,000 females ages 10-19.)
Low birth weight:	5,331;	Ratio 84.1	(Ratio is per 1,000 live births.)
Infant deaths:	689;	Rate 10.9	(Rate is per 1,000 live births.)
Marriages:	43,050;	Rate 10.7	
Divorces:	25,678;	Rate 6.4	

10 Leading Causes of Death, 1990

(Cause-specific rates are per 100,000 population.)

1	Diseases of the heart:	319.1	**6**	Pneumonia & influenza:	31.1
2	Malignant neoplasms (cancer):	215.2	**7**	Diabetes mellitus:	21.0
3	Cerebrovascular diseases (stroke):	72.5	**8**	Diseases of the arteries:	17.5
4	Accidents:	56.9	**9**	Homicide:	13.9
5	Chronic obstructive pulmonary (lung) disease & allied conditions:	37.2	**10**	Suicide:	13.0

Selected Leading Risk Factors for Morbidity & Mortality, 1990

(Percentages are based on 2,140 interviews conducted with persons over 18 in 1990 by the Bureau of Health Promotion and Information's Surveillance Division as part of the Behavioral Risk Factor Surveillance System Survey (BRFSS), a joint project of the Alabama Department of Public Health and the Centers for Disease Control.)

- 22.4% reported currently smoking.
- 22.9% reported having ever been told they have high blood pressure.
- 55.5% reported ever having their blood cholesterol checked.
- 28.3% reported being at or above 120% of ideal weight.
- 60.3% reported a sedentary or irregular activity level.
- 51.6% reported walking to be their primary source of physical activity.
- 10.0% reported acute drinking (having five or more drinks on an occasion).
- 3.1% reported chronic drinking (an average of 60 or more drinks in one month).
- 1.8% reported driving after having too much to drink (one or more times in one month).
- 19.8% reported using seatbelts seldom or never.
- 75.1% reported visiting a doctor for a routine checkup within the past year.
- 62.5% of the females reported having a mammogram within the past year.

CHRONIC DISEASES

Low-income, uninsured people are more likely to die if they develop chronic diseases simply because they cannot afford the regular screenings that would alert them to the need for early treatment. Health Department clinics offer these citizens timely access to services that they have no means of obtaining elsewhere.

1991 Highlights

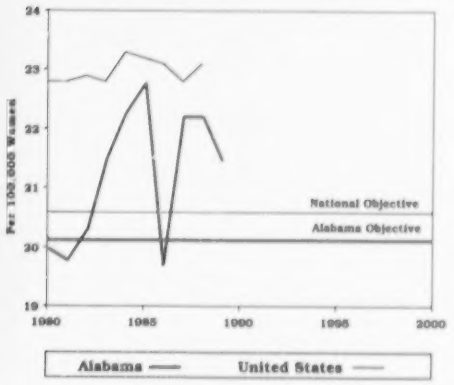
- Screened over 88,900 unduplicated patients for breast and cervical cancer
- Recorded continued success in restricting smoking in enclosed public places
- Completed survey to establish benchmark dental health data for use in program planning
- Opened diabetes clinics in two major population areas
- Utilized National Institutes of Health funding to develop a quality assurance system audit to monitor hypertension standards and improve blood pressure control; audited 22 counties and obtained important baseline data

1991 Selected Activities

Cancer Detection Branch

- Screened 88,921 unduplicated patients for breast and cervical cancer, an increase of 1,596 patients over 1990, and recorded 96,015 visits, an increase of 3,425 over 1991. Cancer detection services are offered through the Bureau of Family Health Services' Family Planning clinics.
- Implemented the Bethesda System of pap smear reporting which is mandatory for laboratories under CLIA '88. The Bethesda System uses two categories of dysphasia and three levels of adequacy of smears.

Healthy Alabama 2000 Objective



Reverse the rise in breast cancer deaths to no more than 20.2 per 100,000 women.

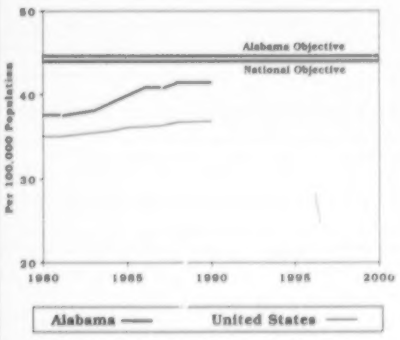
Disease Prevention Division

Tobacco-related activities

- Maintained an up-to-date resource center (Tobacco Intervention Center) in the Bureau of Health Promotion and Information that includes a 24-hour toll-free telephone number. Information provided includes materials on tobacco use, prevention, cessation, and policies and legislation.
- Coordinated the participation of State Health Department offices and various Montgomery organizations and colleges in the American Cancer Society's Great American Smokeout. Participation by county health departments was encouraged.
- Planned the dissemination of smoking cessation and drug-related materials targeting pregnant women in county health departments.
- Continued to encourage municipalities and counties to pass local ordinances to restrict smoking in enclosed public places. The division assisted four more Alabama cities (Prattville, Jackson, Prichard, and Greenville) to pass smoking ordinances, bringing the number to 12. Several counties have prohibited smoking in facilities they own or operate. The division strongly supported these local effortsto provide a healthier environment.

(Disease Prevention Division continued on page 2)

Healthy Alabama 2000 Objective



Reverse the rise in lung cancer deaths to no more than 45 per 100,000 people.

Tobacco usage is the leading preventable cause of death in the United States. Cigarette smoking in 1985 was estimated to attribute to 45% of fatal heart attacks in men ages 35-65, 55% of stroke deaths in women ages 35-64, and 90% of male lung cancer deaths.

Photograph by Robert Phaturos

The Bureau of Health Promotion and Information's Disease Prevention Division supported activities that nearly doubled the number of communities passing ordinances to restrict smoking in enclosed public places. The division presented these towns with certificates to commemorate their efforts on behalf of the public's health.

(Disease Prevention Division continued from page 1)

- Conducted smoking cessation programs and trained various organizations' staffs to facilitate the programs.
- Participated in the Coalition for a Tobacco Free Alabama, Smoke Free Class of 2000, and Coalition for a Tobacco Free Chambers County.
- Distributed information and signs on youth access to tobacco.

Support for smoke-free public environments is growing with increased public awareness of the deadly effects of tobacco use. In a 1991 Capstone poll, 89% of the respondents either agreed or strongly agreed that second-hand or passive smoke is harmful to a person's health.

- Awarded and coordinated four tobacco-related minigrants for county projects targeting schoolchildren, pregnant women, and mothers of young children.

(Other Disease Prevention activities are listed under the Bureau of Health Promotion and Information, Center for Disability Prevention, page 38.)

Dental Health Division

- Introduced and completed the 1990-91 Dental Disease Prevalence Survey after extensive planning and coordination. This effort served as the primary focus of the year's activities. Approximately 5,000 school-aged children were examined with assistance from the CDC Dental Activity Unit, UAB School of Dentistry, and the dental bureaus of Jefferson, Mobile, Dale, Northwest Area, and Tuscaloosa county health departments. Benchmarks for dental caries experience, oral hygiene status, unmet dental treatment needs, and other indices were established that will provide baseline data for the Year 2000 Health Objectives. Additionally, many findings that had been hypothesized were confirmed with the results of this survey. These findings will prove to be of invaluable service to the Dental Health Division as future programs are planned.
- Assisted certain county health department dental programs in an effort to improve dental care access for the financially indigent population. The county dental clinic programs around the state provided 60,148 patient visits in 1991.
- Presented dental health education, educational material, and oral hygiene kits to 14,563 students through 582 presentations. An additional 1,825 pamphlets were mailed out for educational purposes.

The results of the Dental Disease Prevalence Survey will prove of invaluable service to program planning and provide baseline data for the Year 2000 Health Objectives.

❖❖❖

- Provided dental screenings for 290 preschool children in day care and Head Start programs.
- Participated in the Day Care Health and Safety Grant Program by presenting dental health workshops for 390 day care workers with a 28% increase in knowledge.
- Wrote and participated in the filming and production of a new day care video titled "Dental Discoveries For Day Care."

❧ Presented 39 one-hour tobacco abuse education programs in 13 schools. A total of 4,880 students received instruction in Elmore, Covington, St. Clair, Escambia, and Montgomery counties.

❧ Provided financial assistance to the cities of Taylor, Elba, and Northport, as well as technical assistance in the placement of their fluoridation equipment.

❧ Implemented school-based fluoride mouthrinse programs for a total of 55,719 children (K-6) in 151 schools in non-fluoridated areas of Alabama. The weekly program is estimated to reduce dental caries 35-40%.

Each year the Dental Health Division provides thousands of Alabama citizens dental services and educational programs to help ensure healthy smiles and prevent the serious consequences of oral infections.

Photograph by Mickey Welsh

"If Montgomery's new diabetes clinic had been available a few years ago, this woman might not have lost her leg--or her mother, a sister, and a brother--to the disease that has taken such a toll on her family. She hopes the clinic, run by the Montgomery County Health Department, will help her and her older sister, who also has diabetes, learn how to live healthy lives--despite their illness."

--From article by Ruth Albright, Editor, *Health Monthly*, published by the *Montgomery Advertiser and Alabama Journal*

Diabetes Branch

❧ Opened diabetes clinics in Houston and Montgomery county health departments. The Montgomery site operates through a public/private partnership with the Montgomery Area Community Foundation, which administers the Merle S. and Mack C. Hunt Diabetes Fund. The Jefferson, Mobile, and Houston county office locations are funded through state and federal CDC monies.

❧ Prepared recommendations for State Health Officer Dr. Earl Fox to reduce disability and death due to diabetes. The recommendations were developed through the Alabama Diabetes Advisory Council, a group consisting of various private and public organization professionals who advise and assist local and statewide efforts to develop and coordinate resources for diabetes control.

❧ Completed tabulation of 1990 survey of providers of diabetes services in Alabama. Among the results, respondents outside the health department named educational support and medications as their top two needs while health department personnel cited medications and physician availability.

Diabetes Clinics Selected Service Data

Diabetic eye disease

- 417 initial eye examinations provided to new enrollees.
- 185 annual eye examinations provided to previously enrolled participants.
- 64 eye problems detected through program screenings.
- 52 patients with some type of diabetic eye disease treated.

Hypertension coexistent with diabetes

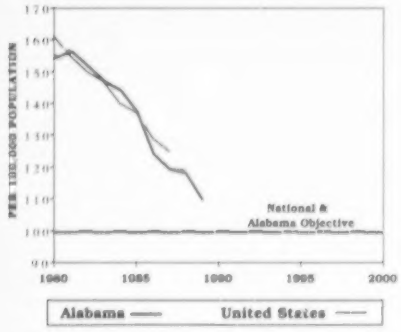
- 242 new patients enrolled in this program component.
- 87 persons with no previous history of hypertension had elevated blood pressures at enrollment.
- 117 or 48% of all individuals enrolled in this program component had elevated blood pressure measurement at enrollment.

Lower extremity amputation

- 602 given foot care and patient education on the prevention of foot problems.

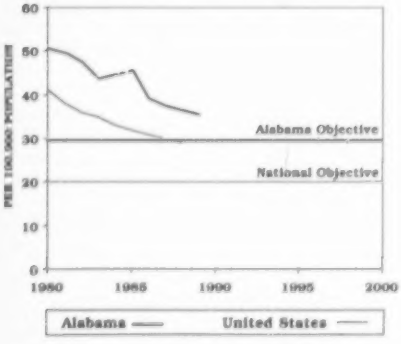
The Hypertension Program surveyed patients on service delivery and found from 84% to 98% of responses to all questions were favorable. This followed efforts to improve compliance by increasing the patient's understanding of treatment and sense of control. Initiatives included the use of newly developed patient care plan sheets, revision of medication teaching handouts to a lower level, and the use of a department study on medication side effects.

Healthy Alabama 2000 Objective



Reduce coronary heart disease deaths to no more than 100 per 100,000 people.

Healthy Alabama 2000 Objective



Reduce stroke deaths to no more than 30 per 100,000 people.

Hypertension Branch

- Developed policy on admission of home health patients to program.
- Revised medication teaching handouts to lower reading level.
- Developed and distributed two new program pamphlets: "Stroke - The Good and Bad" and "Smoking, Hypertension and Chronic Disease."
- Surveyed patient sample population for their perceptions of service delivery. From 84% to 98% of responses to all questions were favorable.
- Invited to serve on National High Blood Pressure Program's 20th Anniversary Planning Committee.
- Coordinated development of minigrants in cooperation with the Heart Association, UAB, and TAHEC. Three programs were funded for $2,000 each, including the Chilton County Health Department.
- Received National Institutes of Health funding for, and developed, a record audit quality assurance system in order to monitor standards and improve blood pressure control. Twenty-two counties were audited yielding important baseline data. The program now has a tested instrument and standards to continue regular audits into the future.

Control of high blood pressure is vital to preventing stroke and heart disease deaths. The Alabama Department of Public Health has the largest number of patients on medication of any health department in the country. In 1991 the Hypertension Program operated in 64 out of 67 of counties and served over 12,500 unduplicated patients.

COMMUNICABLE DISEASES

County health departments administered 84% of the second dose of measles vaccine, and 97.4% of all Alabama children scheduled to receive the dose did so.

1991 Highlights

- Achieved almost 100% success in second measles dose administration
- Conducted an aggressive syphilis screening campaign in Montgomery County
- Initiated provision of direct care services for HIV/AIDS patients
- Funded an intense HIV awareness outreach program to minorities
- Recorded an 11.2% reduction in tuberculosis cases over 1990
- Recorded a 15% decrease in the number of confirmed rabies cases over 1990

1991 Selected Activities

Immunization Branch

Continued as the largest supplier of immunizations to children in FY 1991, providing some 70% of the vaccine given to the approximately 60,000 children born in Alabama each year. The 1990-91 recommended schedule for Hib (*Haemophilus influenzae* type b, the major cause of bacterial meningitis in children under 5 years) changed to be given at 2, 4, 6, and 15 months along with DTP and polio vaccine. During the first four months of FY 1991, the Health Department immunized more than 85,000 sixth and twelfth grade students to meet the February 1, 1991, deadline.

Began supplying Measles-Mumps-Rubella (MMR) vaccine in October to immunize sixth and twelfth graders with a second dose of measles-containing vaccine by February 1991. By giving the vaccine in regular clinics and in school-based clinics, health department nurses administered over 85,000 doses to students attending Alabama schools. Shortly after the February 1 deadline, the department began planning clinics for students who would have to meet the second measles dose requirement before entering kindergarten, sixth and twelfth grades by September 1991. Those plans included school-based clinics in the spring of 1991. Colleges and universities continued to require students to be immunized with a second dose of measles-containing vaccine.

Immunization incentive T-shirts were a big success!

Recorded visits to 240 day care centers by state and area Immunization Program personnel to determine the immunization levels of attendees. Of the 9,994 attendees, 7,695 (77%) were up-to-date for age.

(Immunization Branch continued on page 6)

(Immunization Branch continued from page 5)

State of Alabama
Cases of Specified Notifiable Diseases

FY	1990	1991
Diphtheria	0	0
Measles	36	0
Mumps	17	14
Pertussis	76	55
Polio	0	0
Rubella	0	0
Tetanus	3	2
Hib	124	46
Hepatitis B	207	152

In 1991 the Immunization Branch launched a successful T-shirt incentive program for children who received their third doses of DTP and Hib vaccine prior to 8 months of age. About 8,000 T-shirts were distributed to 24 county health departments. Waiting room posters were also provided to promote this immunization incentive program to parents. The rates during the 3-month T-shirt incentive period showed a significant increase in the delivery of third doses of DTP prior to age 8 months as well as a substantial increase in third doses of DTP for children of all ages in the counties participating in the incentive program. By comparison, non-participating counties did not show nearly the increase in either area. One of the Healthy Alabama 2000 objectives is to "Ensure that at least 90% of children less than 2 years of age are age-appropriately immunized." Ninety-eight percent of children in grades K-12 currently are adequately immunized. Improving upon Alabama's 1991 baseline of 50% in children under age 2 through activities such as the T-shirt incentive program should help Alabama continue its success in reducing the unnecessary suffering and death caused by vaccine-preventable diseases in young children. (Photograph on page 5 of incentive T-shirt by Robert Phaturos)

Vaccine Usage July 1989 - June 1990 Compared to July 1990 - June 1991 & Percentage Change

	July 1989 - June 1990	July 1990 - June 1991	Percent Change
DTP	165,386	156,230	-5.5%
DT	2,336	3,309	29.4%
Td	34,490	36,227	4.8%
Polio	137,630	133,565	-3.0%
MMR, MR, & Measles	68,954	301,465	77.1%
Hib	52,372	72,731	28.0%
IPV	416	633	34.3%
Influenza	35,488	46,000	22.9%
Pneumococcal	1,952	2,500	21.9%
TOTAL	499,024	752,660	33.7%

FY '91 PROGRAM FUNDING	State of Alabama	$3,315,937
	Federal Funds	$2,603,022
	Total Funds Available	$5,918,959

The Health Department recorded a 33.7% increase in the number of doses of vaccine given during 1990-91, following a 12.38% increase from the previous 12 month period. The 77.1% increase in measles-containing vaccines usage, a result of the second dose measles policy, had a significant impact on the number of doses given. Hib vaccine usage increased by 28.0% following a 109.69% increase from the previous 12 month period. These two-year increases followed changes in the recommended schedule and the availability of funding.

Sexually Transmitted Diseases Branch

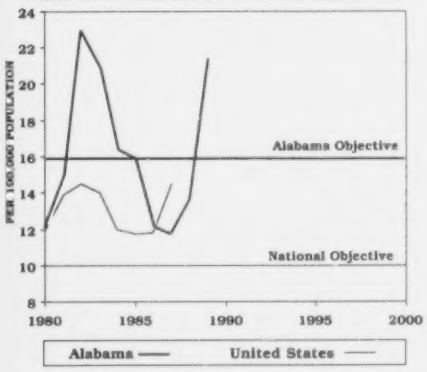
- Opened the Montgomery Specialty Clinic in early June 1991. The specialty clinic, in addition to serving the STD clients of Montgomery and surrounding counties, serves as a clinical training facility for STD clinicians.
- Conducted an intensified syphilis control effort in Montgomery County from mid-June through September. During the campaign 38 federal disease intervention specialists from throughout the nation and 38 disease intervention specialists from across the state assisted the Montgomery Disease Intervention Specialist staff. Over 5,300 patients were examined through the Montgomery Specialty Clinic and over 800 other persons were examined for syphilis at various sites in Montgomery County. The screening blitz resulted in 375 new cases of acquired early syphilis and six new cases of congenital syphilis being identified.

Sexually Transmitted Diseases
Selected Data 1990-91

	1990	1991	% Increase/Decrease
Early Syphilis	2,285	3,333	+45.9%
Primary & Secondary Syphilis	1,284	1,728	+34.6%
Penicillinase-producing N. gonorrhea (PPNG)	1,933	2,507	+29.7%

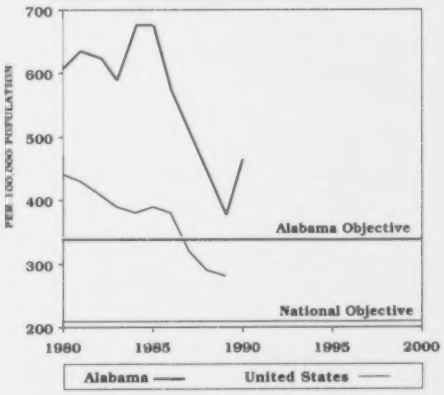
- During 1991, antibiotic resistant strains of gonorrhea made up 13% of all cases reported, compared to 10% in 1990.
- Gonorrhea and syphilis treatment costs in 1991 were $652,500, an increase of 45% over 1990 ($449,789).
- Performed 48,727 HIV tests through Health Department clinics, compared to 17,726 in 1990.

Healthy Alabama 2000 Objective



Reduce the incidence of primary and secondary syphilis to no more than 10 cases per 100,000 people.

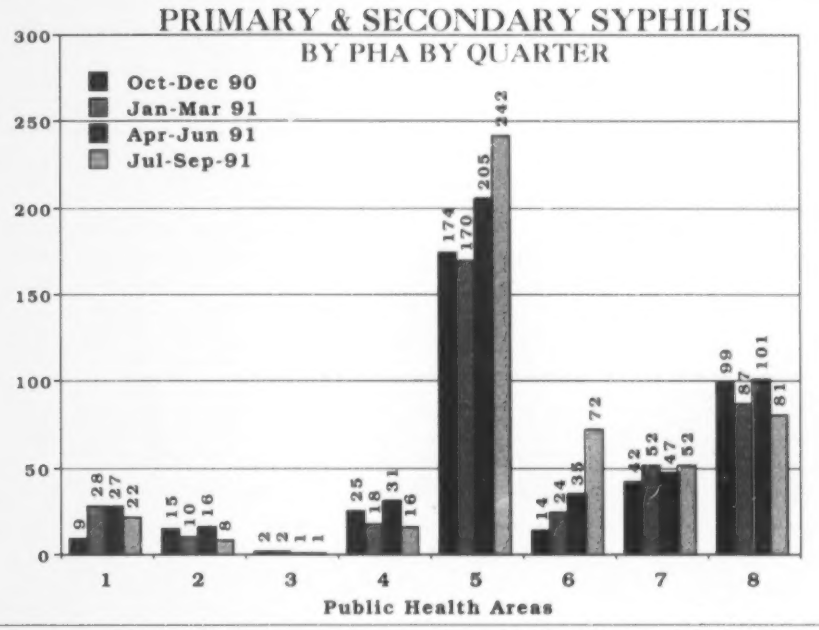
Healthy Alabama 2000 Objective



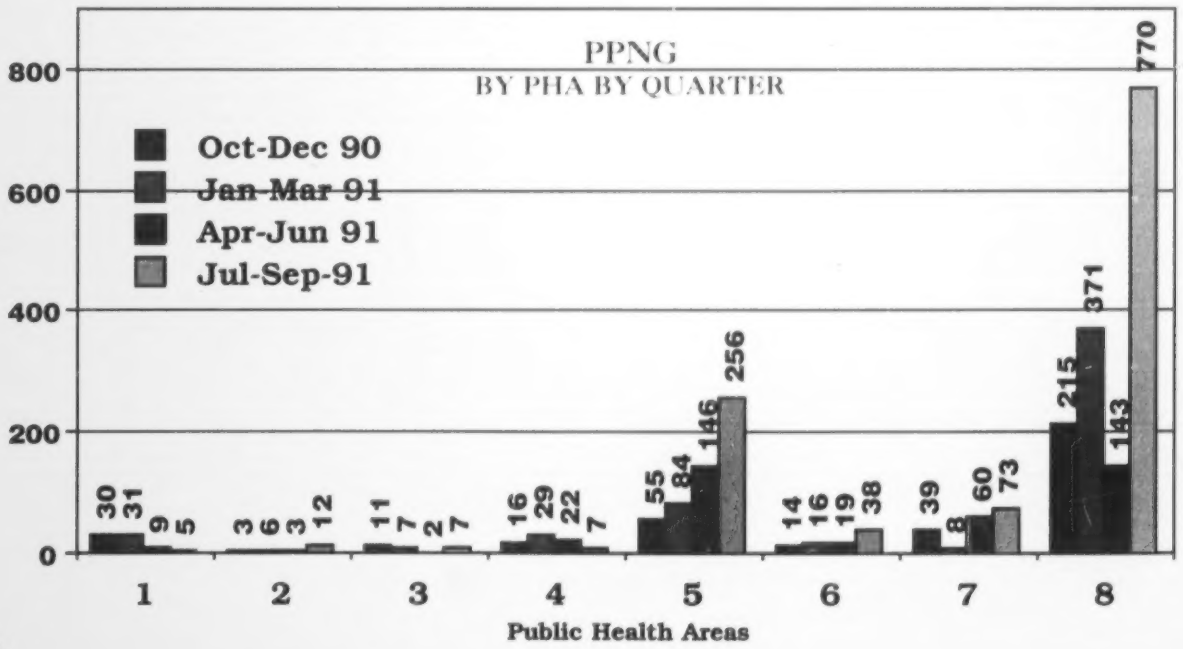
Reduce the incidence of gonorrhea to no more than 330 cases per 100,000 people.

(STD Branch continued on page 8)

(STD Branch continued from page 7)



During the Montgomery County STD screening blitz, regular and additional staff members put in hundreds of extra hours, serving patients in the clinic and taking blood samples at selected sites throughout the city, including bars, crack houses, and street corners. The campaign uncovered infected individuals who would with normal staffing levels and procedures go undetected, untreated, and therefore, go on spreading to others.



AIDS Branch

- Initiated provision of direct care services for HIV/AIDS patients including reimbursement for specified drugs, limited case management, access to CD4 cell counts and referral for psycho-social support services. Most services are funded by the Ryan White, Title II Formula Grant.
- Observed a 55% increase in reported AIDS cases for 1991.
- Convened the Fifth Annual Alabama AIDS Symposium on October 2-4, 1991. The event was recognized for the scope and quality of its programs by Dr. William L. Roper, Director of the Centers for Disease Control.

"MPact will assist individuals to make a pact with themselves to reduce their risk of HIV infection. Through knowledge, reasoning, and technical assistance offered, positive choices become options in the lives of people who may have limited role models. Good decision-making skills and a value system can empower individuals of any ethnic culture to achieve positive outcomes."

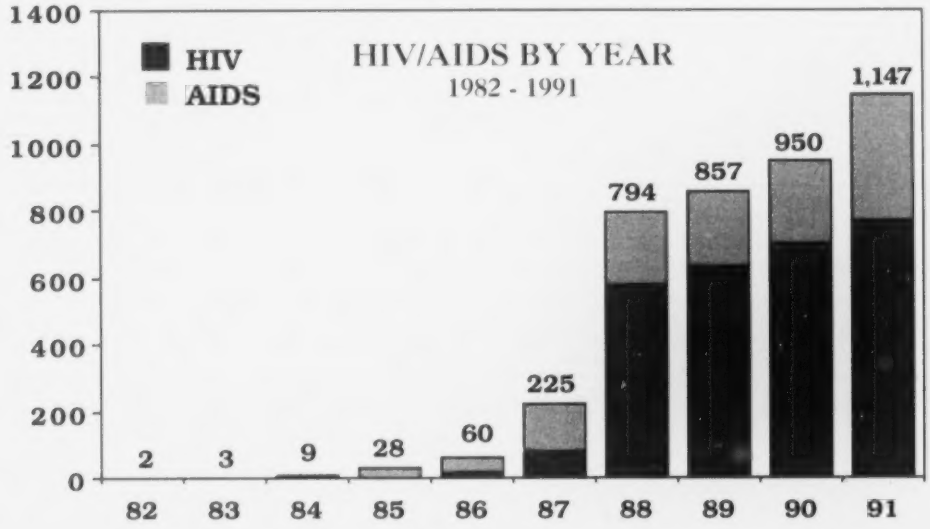
--Vyann Hazzell, Director, Alabama Minority Prevention of AIDS Through Choices and Training (MPACT), Tuskegee Area Health Education Center, Inc.

- Funded a statewide HIV prevention program through the Alabama Minority Prevention of AIDS Through Choices and Training Program (MPACT) providing intense outreach to minority communities to heighten awareness regarding HIV risks and prevention.
- Established and maintains a computerized resource library for HIV-related materials. The ability to provide information and references has gained recognition for the Health Department as an information center for HIV/AIDS topics.

"AIDS educational programs are having a significant impact on both public and professional understanding of HIV/AIDS prevention. Alabama has played a leading role in the development of such programs through the Alabama AIDS Symposium and the Alabama AIDS Network. Both of these initiatives have provided excellent examples of the kind of statewide coordination of education and resources we need to minimize the human and financial costs of this disease."

William L. Roper, M.D., M.P.H.
Director
Centers for Disease Control

In 1991 the AIDS Branch established a computerized resource library for HIV-related materials. The ability to provide information and references has earned recognition for the Alabama Department of Public Health as an information center for HIV/AIDS topics. The department also has one of the two largest data bases in the country for HIV seroprevalence reporting, which is necessary to accurately and cost-efficiently target resources in the fight against AIDS.

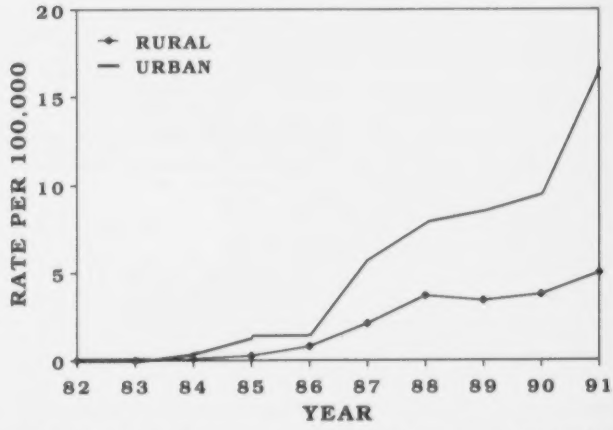


AIDS by Mode of Transmission
1990 - 1991

	90	%	91	%
HEMOPHILIA	5	2.05%	6	1.56%
HETEROSEXUAL	29	11.89%	54	14.06%
HOMO/BISEXUAL	142	58.20%	221	57.55%
HOMO/IVDA	25	10.25%	26	6.77%
IVDA	31	12.70%	58	15.10%
PERINATAL	4	1.64%	11	2.86%
TRANSFUSION	8	3.28%	8	2.08%
UNDETERMINED	0	0.00%	0	0.00%
Total	244	100.00%	384	100.00%

(Data Source: AIDS Surveillance Section)

AIDS Incidence by Rural & Urban Areas
1982 - 1991



- At the end of 1991, 1,279 Alabamians had been diagnosed as having AIDS, a 55% increase over 1990. More than 2,700 other people in the state were reported infected with HIV, the virus that causes AIDS, but had not yet been diagnosed with AIDS.
- Sixty-six of Alabama's 67 counties have reported cases of HIV/AIDS; testing for the virus is available at local health departments in all 67 counties.
- While there have been fewer cases of rural AIDS than urban cases recorded, AIDS has been increasing in rural areas at about the same pace as in cities.
- Alabama's percentage of AIDS cases transmitted through heterosexual contact (11%) is almost twice as high as the national percentage (6%); among reported HIV infections in 1991, 37% were heterosexually transmitted.
- While only 11% of the state's total AIDS cases are reported in females, more than 18% of reported HIV infections are in females.
- In the U.S., Alabama ranks 26th in the total number of AIDS cases, yet 18th in pediatric AIDS cases.
- Seroprevalence studies of newborn infants showed that the highest rates of infection in childbearing women are in the youngest mothers, ages 15 to 24 years.
- The average cost of care for a person with AIDS is $32,000 annually.

Photograph by Wayne Bennett

In 1991 when other states were seeing major outbreaks of drug-resistant tuberculosis in prisons and nursing homes, for the first time in Alabama's history there were less than a total of 450 cases of tuberculosis reported statewide, an 11.2% decline from 1990. Some of this decline is due to testing and subsequent activities in these facilities, where, for example, there were only 10 TB cases in nursing homes statewide. Alabama has had that many cases before in one facility. Prison cases numbered only two.

Tuberculosis Branch

- Continued TB prevention initiatives in long-term care facilities (nursing homes) and state correctional facilities.
- Maintained better than 75% of all tuberculosis cases on a directly observed therapy (DOT) plan.
- Reported a total of 430 new cases of tuberculosis in Alabama during calendar year 1991, an 11.2% decrease from the 484 cases in 1990. The decrease continues a trend that has seen the number of TB cases in Alabama decline by 20.3% since 1987. The only exception was 1990 which showed a 4.3% increase over the previous year.

Alabama Tuberculosis Case Rates 1987-1991

(Per 100,000 Population)

Year	Cases	Rate	Percent
1987	541	13.0	---------
1988	524	12.5	- 3.8%
1989	464	10.9	-12.8%
1990	484	11.3	+ 3.7%
1991	430	10.6	-6.2%

Healthy Alabama 2000 Objective

Reduce the tuberculosis case rate to no more than 4 cases per 100,000 people.

Despite all efforts, tuberculosis is on the rise because of the increase in HIV/AIDS nationally. Fortunately, Alabama has an active TB Medical Advisory Council which includes several nationally recognized tuberculosis experts to help direct the state's efforts against the disease. The Health Department has set up a Directly Observed Therapy Program that has resulted in over 75% of tuberculosis patients being placed on this form of supervised treatment. This aids in maintaining a low TB drug-resistance rate. Drug-resistant TB cases can be extremely costly because of medication costs and lengthy treatment period. Most other states are not utilizing the DOT method; in New York City, for example, one in three cases is now multi-drug resistant. To save both lives and money, the Centers for Disease Control is recommending that all states go to directly observed therapy for tuberculosis.

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Zoonotic Diseases Branch

Recorded for Calendar Year 1991 a 15% decrease from 1990 in the number of rabies cases confirmed in Alabama, from 93 to 79 cases. Of those cases confirmed, 50 were raccoons, 3 were cats, and 3 were dogs. The remainder involved bats and other wild animals. During December, the first case of rabies ever diagnosed in a coyote was confirmed. This creates concern that another carnivorous species in the state may have been infected with rabies. During the calendar year 2,781 specimens were submitted to the Bureau of Clinical Laboratories for rabies testing with 79 reported as positive.

Rabies immunization and treatment activities for 1991 included the following:

- Of the estimated 1.4 million dogs and cats in Alabama, about 515,000 or 37%, received rabies immunizations in 1991.

Sixty-three individuals concerned about possible exposure to rabies safely decided to forego the expensive treatment after their physicians consulted with the Health Department's Zoonotic Diseases Branch.

- One hundred seventy humans received rabies prophylaxis.
- Fifty-five individuals received pre-exposure immunizations because their occupations or hobbies involved frequent animal exposures.

Positive Rabies Cases CY 1991

50 raccoons
15 bats
6 foxes
3 dogs
3 cats
1 coyote
1 skunk
79 total

Environmental Health, Injury Control, & Occupational Safety & Health

From developing recycling and on-site sewage projects to fighting cholera to adopting rules to assure quality care for our older citizens in Assisted Living facilities, the Health Department continued to expand its original role as protector of the public health through environmentally related programs.

1991 Highlights

- Expanded efforts to detect elevated blood lead levels and sources of lead exposure
- Obtained two grants to develop model onsite sewage system projects
- Strengthened programs to assist counties in improving solid waste management
- Developed and implemented a limited standing order to permit advanced level EMTs to immediately treat pulseless, non-breathing patients
- Conducted an in-depth study of *Vibrio cholerae-01* (infectious agent of cholera) in Mobile Bay to protect the public health and seafood industry of Alabama
- Adopted rules to regulate Assisted Living facilities; installed automated telephone equipment to provide nursing homes 24-hour access to nurse aide registry
- Expanded radon educational activities; radon testing included 499 day care centers
- Recorded passage of adult seatbelt law, a proven means of increasing seatbelt usage
- Continued to expand occupational health services that serve to facilitate industrial development in Alabama

1991 Selected Activities

Community Environmental Protection Division

Indoor Air Quality Branch

- Coordinated an X-ray Fluorescence Analyzer for Lead Testing Workshop. The 24 selected environmentalists from around Alabama were familiarized with the use of and skills needed to operate the XRF machine in measuring lead in paint. The instrument allows for fast onsite testing of paint for lead.
- Performed 19 lead paint surveys.

(Indoor Air Quality Branch continued on page 14)

Public health environmentalists statewide will be able to perform faster, more cost-efficient testing of paint for lead through equipment purchased by the Epidemiology Division with federal grant funds.

Healthy Alabama 2000 Objectives Action Profile:

Concerted, multidisciplinary effort made to define elevated blood lead level prevention needs

As one of its health objectives for the year 2000, Alabama proposes to reduce to zero the prevalence of blood lead levels exceeding 10 ug/dl among children under age 6. The state also named improving occupational health and safety, where lead exposure is sometimes a work-related hazard, in its objectives. A coordinated effort by Health Department epidemiologists, environmentalists, laboratory, and nursing personnel will help Alabama attain these goals .

As reported in the August 1991 issue of the Epidemiology Division's *Epidemiology Report*, in 1991 elevated blood lead values, defined as ≥ 15 mcg/dl, became reportable as a notifiable condition. Laboratories performing blood lead analysis report cases of elevated blood lead values to the Division of Epidemiology, where additional case information including occupation is sought and data are entered in a computer file.

Photograph by Robert Phaturos

The Bureau of Clinical Laboratories began widespread testing of children served in county health departments. In response to Medicaid requirements to screen Medicaid children ages 1-6 periodically for lead, the Division of Toddlers, Children and Adolescents in the Bureau of Family Health Services began a lead screening program to include all county health department patients ages 1-5. It is anticipated that approximately 40,000 specimens per year will be screened.

Effects of this screening initiative have included:

1) increased detection of children with moderately elevated blood lead values;
2) potentially better information about the geographic distribution of cases;
3) a defined need to conduct environmental assessments and to offer realistic ways to reduce lead exposure;
4) a defined need to ensure medical follow-up of select cases; and
5) increased demands for data management.

As screening and reporting increase, the occurrence of elevated blood lead values will define prevention needs.

Other Health Department lead-related activities included a session on lead toxicity for nurses and environmentalists by the Epidemiology Division and a workshop by the Indoor Air Quality Branch for environmentalists on utilizing the lead-in-paint analyzer provided through the Division of Epidemiology. The branch provides lead paint detection on department referral, and in some cases, on private request.

A recent Health Department study indicates that exposure to lead is a fairly widespread problem in Alabama. Even low levels of exposure to lead paint can result in permanent impairments in central nervous system function, especially in children, including delayed learning, impaired hearing, and growth deficits.

(Indoor Air Quality Branch continued from page 13)

- Investigated 88 indoor air quality complaints.
- Analyzed 283 samples for asbestos by light microscopy.
- Issued asbestos clearances in seven buildings following approved removal projects.

Onsite Sewage and Vector Control Branch

- Held second statewide onsite sewage conference, with almost 200 attendees at the meeting in Auburn. Nineteen state and federal agencies and industry associations assisted the Division of Community Environmental Protection in planning the conference, which, based on its success, is planned as a Southeastern Regional Conference for 1992.
- Participated in in-service water quality training sessions for county coordinators and county agents of the Alabama Cooperative Extension Service.

Forty-seven percent of Alabama households use septic tanks.

- Began innovative wastewater treatment project. Grants for the Sand Mountain–Lake Guntersville area, including the 1991 grant for $125,400, will provide a number of low and moderate income families an opportunity to participate in the project. Approximately 36 different locations on Sand Mountain in DeKalb, Etowah, Jackson, and Marshall counties will be included. ▣ The project is designed for households with no sewage system, a failing system, or in an area where sewage is affecting well or stream water. The owners of the selected sites are not responsible for the installation costs, but they must maintain the system. ▣ Funds committed to the project include $80,320 from the Appalachian Regional Commission, $20,000 from the Tennessee Valley Authority for engineering, $19,680 from

the Alabama Department of Economic and Community Affairs, and $5,400 from the Alabama Department of Public Health for soil testing. The U.S. Department of Health and Human Services will administer project funds. ▣ The Health Department will be directly involved in the development and implementation of the demonstration project by monitoring all the systems installed once they become operational. The department also will be working with TVA to help residents of the project area develop procedures for mitigating public health threats.

☙ Received EPA grant for $26,316 to assist Northeast Alabama with onsite sewage disposal at the grassroot level. With a demonstrated need for assistance, the Alabama Department of Public Health received its first direct EPA grant for onsite sewage disposal. Ninety-five percent, or $25,000, of this grant are federal funds. Affected are DeKalb, Etowah, Jackson, and Marshall counties. ▣ The project will also serve to enhance the EPA Environmental Impact Statement (EIS) being performed for septic tanks and groundwater pollution in the Lake Guntersville–Sand Mountain area.

☙ Recorded the following training and regulatory activities:

■ 4 soil classes presented statewide with 110 participants.

■ 19 new public health environmentalists successfully completed the training requirement for certification as onsite sewage system inspectors. This brought the total number in the state to 190.

■ 199 private industry personnel attended voluntary certification courses at four locations in the state.

■ 156 people certified under the voluntary certification program.

■ 83 school and other public building plans reviewed and 9 projects approved.

■ 7 alternative experimental onsite sewage systems approved by the Board.

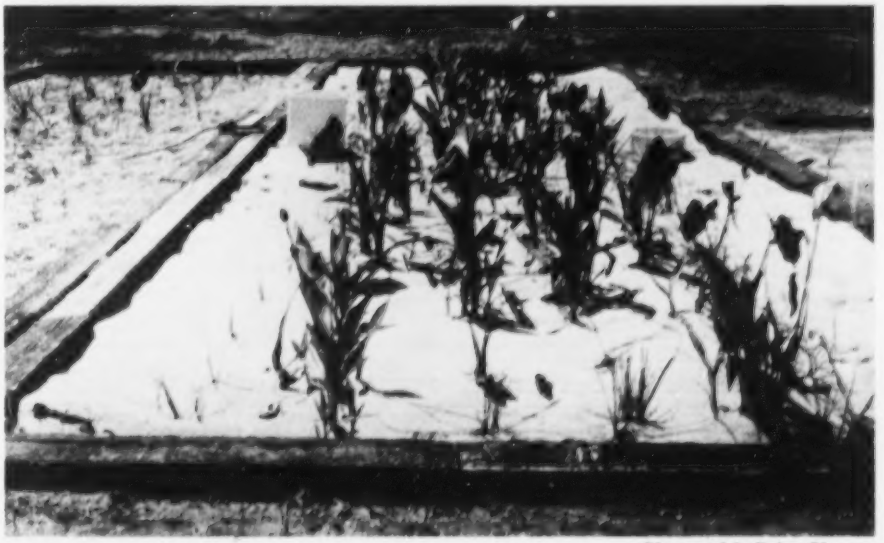
■ 22 variances from the provisions of the onsite sewage rules approved and 1 denied.

■ 24 aerobic sewage tank models approved for 7 manufacturers across the country.

Photograph by Mark Gooch

■ Recorded 138 vector-related complaints and queries. These included questions about mosquitoes, flies, rats, tick control, Lyme Disease, and bird and bat roosts, with environmentalists providing information, investigations, eradication, and cleanup assistance. Several referrals, under a M.O.U. with U.S.D.A. Animal Damage Control, were made for blackbirds and pigeons creating local nuisances.

Multi-agency funding will help meet the Healthy Alabama 2000 onsite sewage disposal objective to ensure cleaner water



Photograph by Robert Phaturos

The Division of Community Environmental Protection will utilize two multi-agency funding projects to achieve the Healthy Alabama objective of assuring proper onsite sewage disposal in Alabama. ■ In one project, the wastewater systems will be designed to demonstrate innovative treatment methods that can be duplicated in other sections of the Appalachian Alabama Region. As pictured above, constructed wetland systems use aquatic plants to aerobically treat sewage and will be one of the major systems used. ■ The other project will focus on technical training and grassroots onsite sewage disposal outreach education. Both projects will be located in the Sand Mountain-Lake Guntersville area, where local health officials estimate 75% of water samples analyzed for rural households contain both surface and groundwater bacteria high enough to pose a threat to the public's health.

Program Compliance and Solid Waste Branch

☙ Conducted a statewide survey on solid waste management in the 67 counties. Improved practices and progress were evident with the Health Department closely involved. Full coverage collection services are now in effect in 21 counties, with others on the verge of adopting similar local ordinances. Seventy-seven percent of 350 solid waste collectors were permitted and/or inspected by the Health Department. As many as 7,155 dumps were reported in the survey to have been tended to by this and other agencies. Recycling was also a growth area, with all but 21 counties having either full service or partial recycling programs. ▣ The survey results pointed

Throughout the year the Division of Community Enviromental Protection made significant progress in improving Alabama's solid waste management by providing education and training on solid waste, placing the state's landfarming program on sounder footing, and by making inroads on recycling.

(Program Compliance & Solid Waste Branch continued) to three key areas for action by the department in the coming year. They include providing encouragement for the adoption of full coverage solid waste collection, providing standardized inspections, and making further input in regard to recycling.

More than 74% of the investigations and abatements of the 7,155 roadside dumps reported in the 1991 statewide survey on solid waste management were attributed to local health departments.

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❧ Provided education and training to public health environmentalists, solid waste officers, and others at the Solid Waste Officer Workshop in Troy, August 1991. This first workshop was held in response to a growing need by solid waste professionals and decision makers for training and discussion in this area. Sponsorship was provided in part by private industry.

❧ Developed recycling programs at state and county health offices to divert office wastes (papers, aluminum cans, newspaper, etc.) from the solid waste stream. The recycling program at the State Health Department got underway following the relocation to Normandale Shopping Mall in August 1991. Distinctive desk side receptacles and area collection containers were provided for the employees to dispose of their recyclable wastes at convenient locations. The program's introduction was well received by the staff and participation has been positive. County health departments were directed to establish their own programs.

❧ Reassessed the whole landfarming program. New criteria were established to align operational practices with newly proposed EPA landfarming standards. Landfarming site evaluations by the Geological Survey of Alabama were added to ensure that the sites presented no adverse risks to water sources. As 1991 closed out, there were 7 landfarming sites permitted and an additional 18 applications awaiting geologic evaluation.

❧ Recorded the following regulatory activities:

- 7,400 solid waste collection surveys conducted.
- 6,739 open dumps inspected by county health departments.
- 12 solid waste moratorium waiver requests received; of these 5 were approved and 2 were denied. The Solid Waste Moratorium bans the importation of any out-of-state waste and creation of new landfills unless evidence is provided to the Health Department indicating the need for a waiver to avoid a potential health crisis from the lack of the proposed waste disposal site. The moratorium was made effective September 1989 and expired September 1991. The Solid Waste Moratorium Rules, Chapter 420-3-6, were repeated by the Board of Health upon expiration of the law.
- 2 out-of-state transporters of solid waste permitted with 2 pending.
- 7 landfarming sites in 6 counties permitted with 18 pending.
- 91 septic tank manufacturers permitted.

Emergency Medical Services Division

❧ Developed and implemented statewide procedures to permit advanced level Emergency Medical Technicians to immediately treat pulseless, non-breathing patients on the basis of a Limited Standing Order rather than having to postpone treatment until direct contact with a medical control physician can be established.

❧ Developed and implemented a new training module and program to qualify and authorize EMT-Paramedics to administer an expanded armamentarium of drugs during interhospital transfers of appropriately stabilized patients.

❧ Arranged and hosted a comprehensive evaluation of the statewide EMS program conducted under the auspices of the National Highway Traffic Safety Administration to identify ways to further improve EMS in Alabama.

Photograph by Earl Langley and David Burns

In 1991 the EMS Division began automation of its regulatory activities. When completed, this program will dramatically improve efficiency and provide valuable management reports for statewide use.

❧ Developed and implemented a plan, acquiring needed equipment and software to fully automate regulatory activities of the EMS Division. Full implementation, now underway, will be completed early in 1992, and will dramatically improve accuracy and efficiencies in licensing and recertifying EMS providers and will provide the capability to generate valuable management reports for statewide use.

After establishing the Healthy Alabama 2000 objective to create a statewide trauma system, the EMS Division laid the groundwork for meeting this goal by establishing a multi-disciplinary network and support activities for planning this vitally needed system.

☙ Arranged and maintained multidisciplinary network and support activities related to statewide trauma systems planning and established Alabama Year 2000 Health Objective 3.10-Statewide Trauma System.

☙ Recorded the following regulatory and educational activities:

- Inspected and licensed 578 ambulances and 162 ambulance services.
- Administered, graded, and recorded 3,293 EMT licensure exams.

The National Registry of Emergency Medical Technicians recognized Alabama for breaking all national records in the number of EMT students tested. All Alabama paramedic training programs now have American Medical Association accreditation.

- Processed and issued 4,312 individual EMT licenses.
- Inspected and licensed 242 prehospital providers for intravenous fluids and drugs.
- Administered 9,105 individual EMT and ambulance driver case files.
- Revoked 675 EMT licenses due to failure of licensees to maintain competency through recertification training.
- Reviewed, evaluated, and approved 809 EMT continuing education programs.
- Suspended or reduced to provisional status no ambulance services licenses for negligence or persistent failure to meet minimum standards.

Food and Lodging Protection Division

☙ Drafted a rule revision for Alabama's Rules for Hotel Sanitation. An innovative approach to rule revision was utilized with a committee consisting of Health Department personnel, academia, and industry representatives. The draft met with enthusiastic response from the Alabama Hotel/Motel Association.

☙ Began conducting an in-depth study in conjunction with the Food and Drug Administration's Dauphin Island research laboratory, the Health Department's Mobile Division Laboratory, and the Mobile County Health Department to determine the presence of *Vibrio cholerae* in seafood and water in Mobile Bay. At year's end over 500 samples had been collected. The July 1991 FDA's announcement confirming the presence of toxigenic *Vibrio cholerae* -01 in Mobile Bay oyster meats has had one of the greatest impacts on the seafood industry in Alabama's history. One possible source of the organism may have been ballast water from foreign ships being discharged into the bay. On November 14, 1991, the Food and Drug Administration reported samples of ballast water from two South American ships contained toxigenic *Vibrio cholerae* - 01. Sampling continues in order to protect public health and the seafood industry of Alabama.

Food Branch

Food Protection Program Evaluations

- 37 program evaluations conducted in 37 counties.
- 1 statewide Food Protection Program evaluation performed.

Standardizations Conducted

- 4 environmentalists standardized.
- 8 environmentalists re-standardized.

Food Processing Establishment Inspections (FDA Contract)

- 218 inspections performed.
- 6 re-inspections performed.
- 25 food samples collected.

Food Processing Activities

- 143 FDA inspections conducted.
- 25 FDA samples collected.
- 218 food processing inspections (total) performed.
- 210 food processing inspections (joint) performed.
- 16 food processing inspections (new establishments) performed.

Seafood Branch

Oyster Report

- 45 plants inspected.
- 200 inspections performed.
- 55 permits issued.
- 164 field visits made.
- 97 shellstock samples taken.

Crab Report

- 20 plants inspected.
- 86 inspections performed.
- 23 permits issued.
- 100 field visits made.
- 93 crab meat samples taken.

Water Report

- 287 bay water samples taken.
- 88 private water samples taken.

"...Alabama Evaluation Officers have one of the best procedures in the Southeast Region...In fact, FDA and some neighboring states are considering using Alabama's sample selection methods and sample size."

--FDA Senior Retail Food Specialist for the U.S. Southeast Region

(Food & Lodging Protection continued on page 18)

After the alarming announcement in July 1991 by the FDA of toxigenic *Vibrio cholerae*-01 in Mobile Bay oyster meats, the Food and Lodging Protection Division began an in-depth study of the presence of the organism in the bay with the FDA's Dauphin Island research laboratory, the Health Department's Mobile Division Laboratory, and the Mobile County Health Department. Sampling continues in order to protect the public's health and the seafood industry of Alabama.

(Food & Lodging Protection continued from page 17)

Milk Branch

Milk Production Permitting, Testing, and Inspection Activities

- 314 Grade A dairy farms permitted under the Alabama State Milk Rules for Grade A dairies.
- 14 manufacturing dairy farms permitted under Alabama State Milk Rules.
- 80 bulk milk tank truck drivers permitted under state rules.
- 1,481 onsite inspections of Grade A dairy farms conducted throughout the state. (An average score of 95 was attained.)
- 4,034 raw milk samples collected from dairy farm bulk tanks, tank trucks, and plant-commingled bulk tanks.

Milk Processing

- 34 in-state and 196 out-of-state milk processing plants permitted for processing of Grade A and nongraded milk product under state rules (includes ice cream plants, cheese plants, container plants, and milk sheds).
- 131 pasteurization equipment tests performed. Includes testing of old and new equipment to meet requirements established by state rules and re-testing.
- 112 processing plant inspections conducted. Includes ice cream, cheese, and single-service container plants. An average inspection score of 92 was attained.
- 2,581processed milk samples collected from onsite plant coolers, delivery trucks, distribution stations, and retail food outlets. Includes pasteurized milk, mixes, frozen desserts, and empty containers.
- 344 raw milk samples analyzed for aflatoxin.
- 120 processing plant environmental samples and pasteurized milk samples collected and screened for the presence of Listeria and Yersinia organisms.

Notices, Plans, Surveys, and Other Inspections

- 56 legal notices issued. Includes plants and dairies. Notices issued for violation of milk quality standards and maintenance/cleaning of equipment and sites.
- 24 plans reviewed. Includes plans for new dairies and plants as well as remodeling and upgrading of existing facilities.
- 21 milk sanitation surveys conducted. Includes surveys, check ratings, and audits made by FDA inspectors and state personnel authorized by the same.
- 98 other inspections performed. Includes distribution stations, bulk milk haulers, tank trucks, abnormal milk supplies, and delivery trucks.
- 309 water samples taken from dairy facilities. Includes public and private water supplies from both dairy farms and processing plants.

Photograph by Mark Gooch

Lodging Branch

Correctional Facilities Inspections

- 733 medium and maximum facilities and minimum work release facilities inspected.
- 2 food warehouses inspected.
- 1 food processing establishment inspected.

The Lodging Branch took an innovative approach to the revision of the Hotel Sanitation Rules, utilizing a committee representing a broad range of professional expertise. The resulting draft met with enthusiastic response from the Alabama Hotel/Motel Association.

Motel/Hotel Inspections

- 1,405 total statewide inspected.
- 2 complete area surveys completed: PHA 1: 254 establishments inspected; PHA 6: 62 establishments inspected.

Training Branch

Basic Environmental Training Course

- 24 new public health environmentalists succesfully completed the two-week Basic Environmental Training Course held in the spring and fall of 1990. The BETC provides environmentalists with an overview of existing environmental health programs and the training needed to carry out mandated environmental core services.

County-By-County Training for Food Service Professionals

- 440 food service professionals attended the 12-hour Food Service Sanitation Program delivered by the Division of Food and Lodging Protection training officer.

Photograph by Robert Phaturos

A model of grassroots and multi-agency cooperation, the Assisted Living Facility Rules adopted in 1991 will assure our older citizens of quality care while not placing an undue burden on providers.

Hearing Aid Dealer Board

- Recorded passage of legislation in August, which made hearing aid dealers subject to a two-tiered licensing system. Dealers' licenses and temporary permits will no longer be issued, but dealers' licenses can be renewed until 1996, when the dealers' license will cease to exist. At that time, all licensees will be either dispensers or fitters. A dispenser is qualified for national board certification or as an audiologist. Those licensees who do not qualify for this certification or are not audiologists will be licensed as fitters and must work under the direct supervision of a dispenser. A dispenser does not have to be supervised. These stringent requirements combine to make Alabama's new two-tiered licensing system a unique one. No other state currently has such a licensing system.
- Recorded the following regulatory activities:
  - Issued 58 temporary permits.
  - Renewed 20 temporary permits.
  - Issued 14 regular licenses.
  - Renewed 128 regular licenses.
  - Processed 60 exam applications.
  - Investigated 18 consumer complaints.
  - Issued 12 apprentice permits.
  - Issued 8 fitters' licenses.

Licensure and Certification Division

- Conducted 2 seminars at Alabama nursing home conventions for the nursing home industry on OBRA '87 requirements.
- Expanded the licensed domiciliary facilities from 161 to 166.
- Issued 735 licenses to health care providers with beds totaling 47,509.
- Performed 614 licensure inspections and 691 certification surveys as well as hundreds of follow-up reviews and complaint investigations.

In 1991 the Health Department announced that the Division of Licensure and Certification had ranked first in Region IV in the Health Care Financing Administration, Division of Health Standards and Quality's comprehensive evaluation report for Fiscal Year 1990.

(Licensure & Certification continued on page 20)

(Licensure & Certification continued from page 19)

- Revised Ambulatory Surgical Center Rules to allow more comprehensive care.
- Revised Hospital Rules to delineate responsibilities for record disposal upon closure.
- Adopted Residential Treatment Psychiatric/Chemical Dependency Facility Rules and Assisted Living Facility Rules to regulate respective providers.
- Developed Hospice Rules following passage of Act 91-548 requiring hospice licensure.
- Installed automated telephone equipment to enable nursing home administrators to access the nurse aide registry 24 hours a day.

Planning and Program Development Division

Health Maintenance Organization Activities

- Recorded continued growth in health maintenance organizations. With rising health care costs continuing to be one of this nation's most expensive problems, the concept of managed care continues to be seen as one of the best solutions. HMOs, which are one specific example of managed care, showed continued growth and maturity as an industry in the state last year. At the end of 1991, there were 13 HMOs operating in the state. During the 18-month period ending in June 1991, combined HMO enrollment grew by almost 7% to 239,607, reflecting steady growth in HMOs as an industry. The industry's combined net worth increased as well, growing by 75% to $4,974,318 during this period. The average length of stay decreased by almost 5% to 4.2 days.

Radiation Control Division

- Initiated Children's Radon Awareness Book.
- Distributed 300,000 copies of *A Citizen's Guide to Radon* in the North Alabama schools.
- Responded to 16 incidents involving reduced radiation safety control.
- Conducted training for emergency responders to accidents involving radiation.

Radioactive Material Compliance Branch

- Inspected 147 licenses for compliance to standards for usage of radioactive materials. (Of these, 24 were in full compliance.)
- Inspected 9 particle accelerators. (Of these, 7 were in full compliance.)
- Tested 499 day care centers for radon.
- Tested 1,574 public housing facilities for radon.

Radioactive Material Licensing Branch

- Issued 37 specific licenses to use radioactive materials. In addition, 345 changes have been made to the 467 licenses in force with the agency.
- Issued 63 Notices of Registration for particle accelerators.

X-ray Compliance Branch

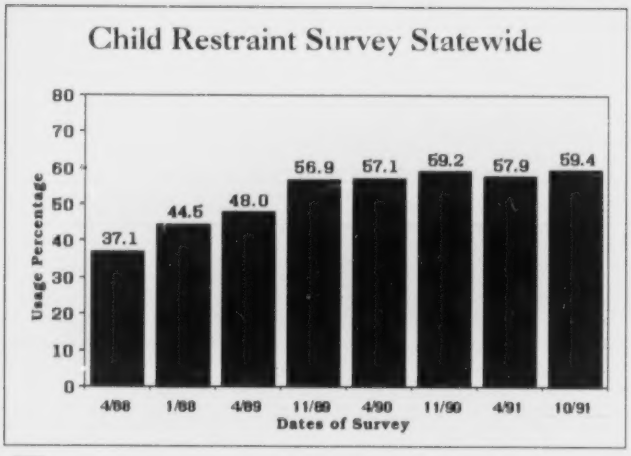
- Inspected 686 X-ray facilities in all counties other than Jefferson County, which voluntarily maintains its own X-ray regulation program. (This figure represents 36% of facilities in need of inspection met due to 56% increase of number of X-ray machines registered since 1980 and no corresponding increase of staff.)

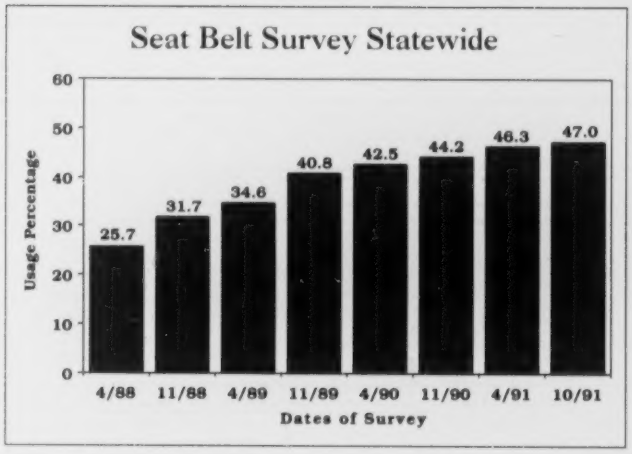
Emergency Planning and Environmental Monitoring Branch

- Collected and analyzed 902 samples. (The branch monitors the area around operating nuclear power plants and around other facilities which may release radioactive material to the environment.)
- Conducted 2 nuclear power plant emergency planning drills.

Among its radon control activities in 1991, the Radiation Control Division distributed 300,000 copies of A Citizen's Guide to Radon, *initiated a Children's Radon Awareness Book, and tested 499 day care centers for radon.*

The Division of Radiation Control helps protect the public from excessive exposure to radiation through a variety of activities, including equipment inspections, public and professional education, and nuclear power plant area monitoring and emergency planning drills. The highest man-made radiation exposure to the public is medical X-rays. On average, diagnostic X-ray procedures contribute 20-30 millirems annually to each member of the public. Nuclear power contributes less than one millirem each year to each member of the public.



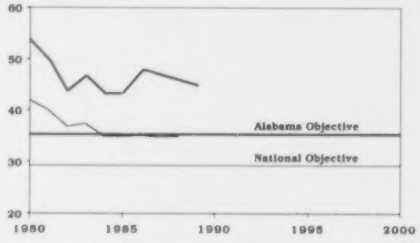


The Alabama Department of Public Health strongly supported Alabama's passage of a mandatory seat belt law in 1991 in keeping with the president's directive to increase safety belt usage from the U.S. rate of 49% to 70% by 1992. Belt use in states with a law is generally 50% higher than use in non-law states. In 1989, if every front seat occupant had buckled up, the U.S. could have saved an estimated $10.5 billion in injury-related costs. Alabama's passenger restraint rate has steadily increased following health promotion efforts by the Alabama Department of Public Health in conjunction with the Alabama Highway Department, Alabama Department of Public Safety, the Alabama Department of Economic and Community Affairs, and theAlabama Department of Education.

Injury Prevention Division

- Established a traffic surveillance system in Montgomery County to monitor motor vehicle crashes.
- Conducted defensive driving classes for public health employees statewide.
- Conducted "70% Plus" program to increase the safety belt usage rates among agencies and organizations in Alabama.
- Provided passenger safety information and education through public speaking and distribution of printed materials to schools, law enforcement officials, civic and community organizations, and state and private agencies.
- Conducted biannual surveys to determine safety belt and car safety seat usage statewide and published the report for the public.
- Conducted numerous child restraint and safety belt promotional campaigns throughout the state through mall exhibits, buckle-up incentive items, press releases and PSAs, and the third annual "Buckle Up, Alabama" poster contest for elementary and middle school students. Approximately 17,000 students from 100 schools participated. A safety coloring book was made from the winning posters.

Healthy Alabama 2000 Objective



Reduce deaths due to unintentional injuries to no more than 35 per 100,000 people.

Jade Simpson
1st Place: 3rd Grade
Moody Elementary School
Moody

A winning entry from the Injury Prevention Division's annual "Buckle Up, Alabama" poster contest for Alabama schoolchildren. The winning posters are published in a safety coloring book.

- Developed and produced *Injury News*, a monthly section in *Alabama's Health* to promote injury control.
- Participated in the Alabama Department of Public Health's worksite project at Wehadkee Yarn Mills in Talladega to provide injury prevention programs for workers.
- Provided several injury prevention programs through the Alabama SAFE KIDS Campaign. These included distribution of smoke detectors to low-income families to prevent fire deaths and injuries; bike helmet promotions with coupons offering discounts on helmets and instruction on proper biking protection attire; and Halloween safety.
- Continued to serve as the state liaison for the Consumer Product Safety Commission. Activities included providing information on a timely basis concerning unsafe products, conducting recall effectiveness checks, ATV (all-terrain vehicles) surveillances, a fire prevention campaign targeting consumers, and in-depth investigations of product-related injuries.

(The Injury Prevention Division operates under the Bureau of Health Promotion and Information, Center for Disability Prevention.)

Photograph by Robert Phaturos

The Alabama Department of Public Health develops and manages on-site occupational health programs that include first aid and emergency medical services. The ability to provide this type of program is utilized by the Alabama Development Office in its efforts to facilitate industrial development in the state of Alabama.

Occupational Health Unit

- Sponsored a two-day seminar on February 7-8, 1991, in Montgomery designed to provide the fundamental education and training necessary for professional nurses to practice effectively in a work environment. The seminar enabled public health nurses to provide occupational health services for Alabama industry and benefited nurses who were new to this specialty area.
- Implemented a pilot worksite wellness program at Wehadkee Yarn Mills, a textile mill located in Talladega. Wellness activities have included nutrition, stress management, and injury prevention education; blood pressure and cholesterol screenings; and a blood pressure control program. For 1992, the company plans to become a tobacco-free workplace and will expand the program to a second mill location.
- Implemented an occupational health program at a construction site in Marengo County. Administered and managed by the Alabama Department of Public Health, the program provides first aid and emergency medical services for the construction workers at the Gulf States Paper Corporation Demopolis Mill Expansion Project. The construction project is projected to last approximately five years. This is the second time that occupational health services have been provided for construction workers by the Department of Public Health. The ability to provide this type of service is utilized by the Alabama Development Office in its efforts to encourage and assist/facilitate industrial development in the state of Alabama.

(The Occupational Health Unit operates under the Public Health Nursing Section.)

Wehadkee Well Workers

Worksite Wellness

Department of Public Health

The Occupational Health Unit developed several health promotion materials as part of the worksite wellness program at Wehadkee Yarn Mills. The above logo was created by the Bureau of Health Promotion and Information.

Healthy Alabama 2000 Objective

Reduce deaths from work-related injuries from 8.7 per 100,000 full-time workers (1980-80 average) to no more than 5.8 per 100,000.

Reduce work-related illnesses and injuries resulting in medical treatment, lost time from work, or restricted work activity from 9.1 per 100 full-time workers (1986-88 average) to no more than 7 cases per 100.

Increase to at least 70% worksites with 50 or more employees that provide four or more activities associated with a comprehensive worker safety and health program, including worksite hazard identification; an employee health insurance program; worker education on injury and illness prevention; a health promotion program; a surveillance program for injuries and illnesses; and a pre-placement physical examination program which includes analysis of job demands and work environment.

Maternal, Reproductive, & Child Health

Following the concerted effort by the Health Department and Medicaid to expand services and the collective efforts of health care workers throughout the state, Alabama reduced its infant mortality rate by a record 10% in 1990.

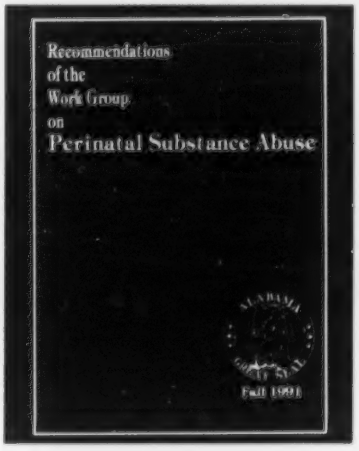
- Developed a Perinatal Substance Abuse Training Module
- Initiated Maternal and Infant Tracking Program and Infant Home Visit Program
- Implemented Incentive/Bonus systems to increase numbers of maternal, infant, and child health patients seen at recommended intervals
- Established the Alabama Adolescent Health Advisory Coalition
- Provided funds to offer Norplant contraceptive on a limited basis
- Implemented pilot day care health and safety program
- Doubled participation in Respect Yourself Program
- Re-negotiated 3-year WIC infant formula rebate contract to generate a rebate of over $18 million a year to serve 35,000 additional participants monthly
- Increased breastfeeding by 38% among WIC participants

1991 Selected Activities

Maternity and Infant Care Division

- Developed and chaired the Alabama Work Group on Perinatal Substance Abuse. This group published a list of six recommendations for the state to follow in order to minimize the devastating effects of maternal drug and alcohol use.
- Developed a Perinatal Substance Abuse Training Module to train public health nurses, social workers, nutritionists and other health providers. The purpose of the training is to provide health and social service personnel with the information and skills necessary to identify the pregnant substance abuser and to make the appropriate referrals.
- Initiated a Maternal and Infant Tracking Program. This program follows health department maternity clients through the

(Maternity and Infant Care Division continued on page 24)



The Health Department is developing and implementing new programs to address the complex socioeconomic factors that affect maternal and child health.

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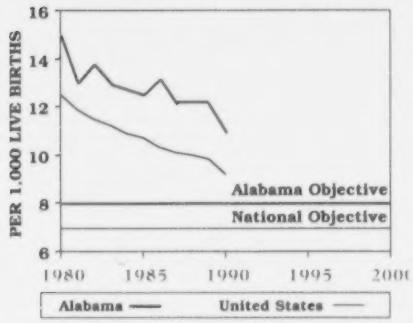
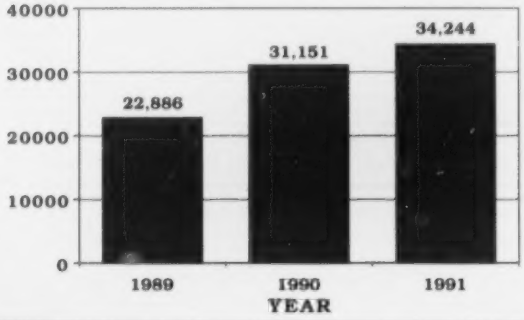
Healthy Alabama 2000 Objective



Reverse the infant mortality rate to no more than 8 deaths per 1,000 live births.

Unduplicated Maternity Patients Served



Photographs by Robert Phaturos

Alabama's infant mortality rate has begun to decline, dropping from 12.1% per 1,000 live births in 1989 to 10.9% in 1990. The decrease may be linked to the successful efforts by the Alabama Department of Public Health and the Alabama Medicaid Agency to increase access to prenatal care and infant services, key factors in ensuring a healthy baby. Access was further improved in 1991. Medicaid eligibility workers were placed in county health departments to expedite the Medicaid eligibility process for pregnant women and children. To provide additional outreach to maternity and infant patients, the Health Department implemented a Maternity Incentive/Bonus Plan, a Maternal and Infant Tracking Program, and an Infant Home Visit Program.

(Maternity and Infant Care continued from page 23)

pregnancy and until a post partum visit is documented. A second component is the tracking of infants with specified high risk criteria until the child reaches the second birthday.

- Recorded 164,623 maternity patient visits, with 6.0 the average number of visits per patient.
- Developed a Maternity Incentive/Bonus Plan. A "Certificate of Care" incentive plan and first trimester entry bonus for pregnant women will provide encouragement to local county health departments so that 1) there is documentation of visits that occur outside the Health Department (certification of private care [M.D.] received by a Health Department prenatal patient), and 2) more women are admitted to care during the first trimester. Participating physicians will receive $10 for every certificate listing number of visits provided to a Health Department maternity patient. The local health department will receive $50 for every encounter form that documents first trimester entry.
- Implemented a home visit program for infants up to 4 months of age, which provides EPSDT screening and child health services. Special attention is also given to education of the mother. The goal of the program is to reduce postneonatal deaths by providing outreach to those infants who have missed the first newborn appointment or because no health care provider was identified prior to birth. The program served 1,952 patients (1,479 EPSDT screens and 473 non-EPSDT).
- Served 36,570 patients aged 0-1 year.

The Health Department and the Alabama Medicaid Agency collaborated on a 30-minute educational video titled "Caring for Your Newborn Baby." Produced through the Bureau of Health Promotion and Information's video facilities in its Health Education Division, the video was designed for use in waiting rooms, offices, and parenting classes to help parents learn about infant care. A newborn care booklet is included in the educational package.

Photograph by Robert Phaturos

While the Health Department served approximately 120,000 unduplicated child health patients in 1991, estimates indicate this represented less than 25% of Alabama's children in need of health services. The department continues to work to expand programs to help reach the state's uninsured and indigent families.

Toddlers, Children and Adolescents Division

❧ Implemented the Toddlers/Children Incentive Bonus System to motivate county level staff to increase the number of children seen between the ages of 12 and 24 months. For every third periodic health visit in this age range that meets the required criteria with adequate documentation on the patient encounter form, the county health department will receive a $45 bonus.

❧ Established the Alabama Childhood Lead Poisoning Prevention Program. The ultimate purpose of this program is to reduce the prevalence of lead poisoning in young children ages 1 through 5. This program is being implemented through the coordinated efforts of the Bureau of Clinical Laboratories' Blood Lead Section, the Community Environmental Protection Division's Indoor Air Quality Branch, and the Bureau of Preventive Health Services' Division of Epidemiology.

Alabama was selected along with two other states to create a comprehensive adolescent health program. Established in 1991 to facilitate the development of this program, the Alabama Adolescent Health Advisory Coalition will seek to identify needs and suggest realistic solutions based on proven strategies.

❧ Established the Alabama Adolescent Health Advisory Coalition. This coalition was created as a result of Alabama being selected along with Iowa and Alaska to develop a comprehensive adolescent health program. The program's vision will enable communities to identify needs, recognize adolescent health problems, and utilize proven strategies to achieve realistic solutions.

❧ Created two pamphlets for distribution statewide: "You Can't Hide" and "How To Talk To Your Child About Sex."

❧ Initiated new health education parenting program. In an effort to enhance the quality of care of Alabama's mothers and children, Medicaid has agreed to reimburse the classes for Medicaid eligibles. The Health Department will be coordinating and implementing these services statewide. The new services will be offered in addition to education provided as part of existing clinical services.

Video produced by the Bureau of Health Promotion and Information

As part of its Day Care Health and Safety Project, the Special Services for Children Division developed a variety of educational materials including newsletters, health tips on laminated posters, and videos. The goal of the project is to develop and implement a comprehensive health and safety course of study in child day care facilities.

Special Services for Children Division

Day Care Health and Safety Grant

- Provided two workshops (with an attendance of over 300) for child care workers. Pre and post test results indicated an overall increase in knowledge of over 10%. Topics presented included infection control in day care, immunization, safety, food safety and sanitation, nutrition, dental care, child abuse, and growth and development.
- Initiated the existing children's health and safety program "Here We Go...Watch Me Grow" within the eight pilot day care centers.
- Developed videos for the child care providers and interested persons in day care on the following health and safety topics: (1) Germ Warfare, Infection Control in A Day Care Center; (2) Healthy Eating in Day Care; (3) Dental Discoveries in Day Care; (4) Child Abuse; (5) Safety; (6) Food Safety and Sanitation; and (7) Growth and Development.
- Completed health and safety curriculum for parents of children in day-care centers consisting of 52 "Health Tips" as well as 26 newsletters which are sent home biweekly to the parents of the pilot day care children.
- Provided biannual dental, growth and development, and physical examination screenings to 232 children in the eight pilot project day care centers.

Newborn Screening Program

- Recorded passage of Newborn Screening law by State Legislature for expansion of screening as deemed necessary by the State Committee of Public Health.
- Screened approximately 62,887 infants in Alabama's Newborn Screening Program, identifying about 106 children with disease. This mandated program requires (unless parents have religious objections) that every baby born in Alabama be tested for phenylketonuria (PKU), hypothyroidism, and hemoglobinopathies (abnormal hemoglobin, the most common of which is sickle cell disease.)
- Employed Hemoglobinopathy Nurse Coordinator for Hemoglobinopathy Newborn Screening Grant.

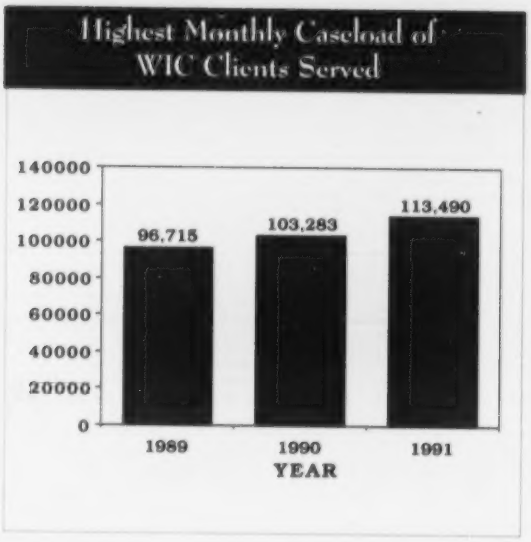
Respect Yourself Program

- Trained over 230 instructors in the Respect Yourself Program and recorded over 16,590 students participating in 17 counties during school year 1990-91. This marked an expansion in the program from 1989-90, during which over 100 instructors were trained and 6,500 students participated in 10 counties. The program teaches young people responsible decision-making skills and to promote sexual abstinence. Target populations include 10-to 13 year-old students, their parents, and project instructors.

WIC Division

- Established a WIC Clinic which serves clients and is a training site for all new WIC personnel. By improving the training received by staff working in WIC, job performance and satisfaction will improve. The center also provides services to participants in Montgomery County.
- Re-negotiated a multi-million dollar rebate with a formula supplier for purchase of WIC infant formula. In June of 1991, the Health Department competitively bid the rebate and awarded a contract to Ross Laboratories which gave the Health Department a rebate of $1.55 per can. This will generate a rebate total of $18 million per year and an estimated $54 million over the three-year contract period. This rebate will be applied to the food grant provided by USDA, and will enable the department to serve an additional 35,000 WIC participants per month.
- Implemented WIC J-II (Nutritional Risk Babies), special procedures for newborn infants of active WIC participants. Babies are now being seen before two weeks of age with the appointment being scheduled to coincide with the 0-2 week visit and the follow-up visits coinciding with well-child, EPSDT screening and/or immunization visits at 2, 4, and 6 months.
- Increased breastfeeding by 38% among WIC participants.
- Contracted with four new private local agencies with eight clinics for the WIC Program.
- Re-negotiated the food instrument contract to study the electronic Banking Transfer System.
- Served 95 homeless individuals through a special project coordinated by WIC and the Alabama Department of Economic and Community Development.
- Served 96 incarcerated pregnant women in Tutwiler prison.
- Conducted compliance buys at 57 stores. Eighteen grocery stores were disqualified from the WIC Program because of violation of program rules.

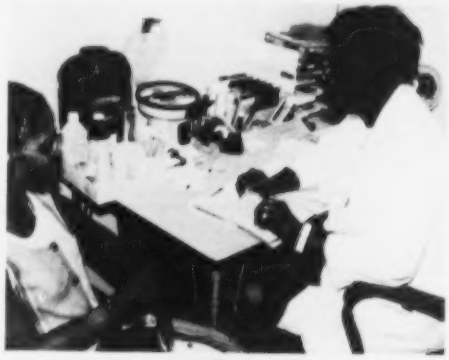
Photograph by Mark Gooch



The Health Department served 113,490 WIC participants (highest monthly caseload) in 1991. WIC provides nutrition education and nutritious food to women, infants, and children. The total percent of WIC clients in need met increased from 65.6% in October 1990 to 69.8% in September 1991. WIC participants in 1991 were pregnant, breastfeeding, or postpartum women (a 5.8% increase over 1990); 31.4% were infants (an 8.3% increase); and 52,356 children ages 1 to 5 (an 11.4% increase). Alabama's $17.5 million infant formula rebate supported approximately 25.3% of WIC participants. In 1991 WIC continued to develop programs to reach WIC eligibles including implementing WIC J-11 for Nutritional Risk Babies and establishing a WIC Training Clinic to enhance job performance. In addition, the department increased breastfeeding by 38% among WIC participants.

Family Planning Division

- Served 95,309 unduplicated family planning patients, 39% of in need met. Clinics recorded oral contraceptives as the method of choice for over 67% of all family planning patients. The second highest method used was foam/condoms (19%). Over 47% of all new patients had never used a birth control method prior to enrollment in the Family Planning Program.
- Provided funds to purchase the Norplant contraceptive for family planning patients who meet certain risk criteria. Norplant will be provided on a first-come, first-serve basis.
- Provided care during 166,369 family planning clinic visits.
- Screened 74,042 unduplicated patients for breast and cervical cancer; 84,934 for sexually transmitted diseases and hypertension; and 4,308 for sickle cell disease as part of the division's efforts to provide a convenient, comprehensive range of preventive health services to low-income women who usually have no health insurance or means of obtaining services elsewhere.
- Implemented the Bethesda System of pap smear reporting which is mandatory for laboratories under CLIA '88. Under the Bethesda System, there are two categories of dysphasia and three levels of adequacy of smears.
- Provided training to 302 Health Department personnel through the Title X Family Planning General Training Program; provided training to 3 nurse practitioners through the Title X Nurse Practitioner Training Program at Emory University.



Photograph by Robert Phaturos

The Family Planning Division served 95,309 unduplicated family planning patients in 1991, representing 39% of the in-need population met. The Health Department provided funds to purchase the Norplant contraceptive for family planning patients who meet certain risk criteria. Norplant will be provided on a first-come, first-serve basis.

Health Information

The Health Department responded to hundreds of thousands of requests for health information, from laboratory results to birth and death certificates, from disease outbreak investigations to educational brochures and videotapes.

1991 Highlights

- Established a training alliance with the National Laboratory Training Network
- Initiated a laboratory program to monitor AIDS patient treatment needs
- Published a document on notifiable diseases in the 1980s
- Obtained a CDC Pregnancy Risk Assessment Monitoring System Grant
- Coordinated Healthy Alabama 2000 Project and published project documents
- Established an in-house broadcast quality video facility

1991 Selected Activities

Bureau of Clinical Laboratories

Administrative Support Services Division

Drinking Water Branch

- Started reporting waters in the new Environmental Protection Agency (EPA) format of Presence-Absence instead of actual counts.

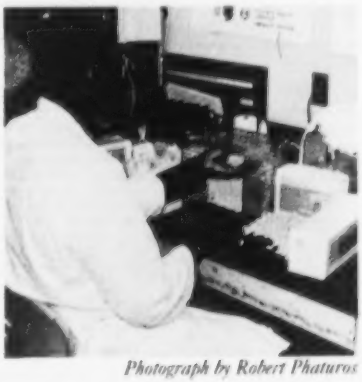
Materials Branch

- Created the Materials Branch to allow the lab to initiate payment of invoices through MT14 of the Local Government Financial Systems (LGFS) program.

Microbiology Division

Special Microbiology Branch

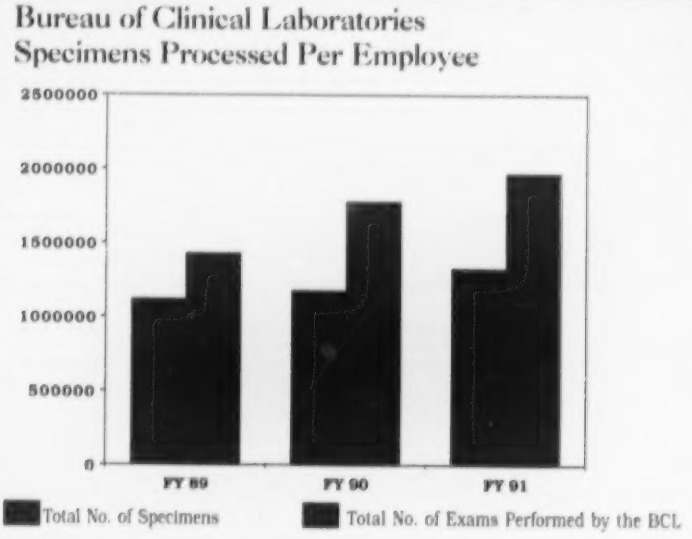
- Received and identified a routine specimen taken from a needle aspirate in a North Alabama hospital as *Francisella tularensis*. The isolate was confirmed as a tularemia biovar B by the Centers for Disease Control (CDC) Division of Vector-Borne Viral Diseases in Fort Collins, Colorado. This biovar is usually associated with water, beavers, and muskrats and produces a milder, often subclinical disease. Because as few as 10 organisms can cause infection, biosafety level three is required for culturing, and this fastidious organism usually requires an enriched medium for growth. The annual incidence of tularemia in humans decreased to a few hundred cases in the 1980s. The Bureau of Clinical Laboratories has no record of having ever observed or identified *Francisella tularensis*.



Photograph by Robert Phaturos

- Participated in the examination of clinical specimens obtained from patients in conjunction with the outbreak of *Vibrio cholerae* in the Mobile Bay area. No patient samples examined showed any evidence of cholera infection.

Photograph by Robert Phaturos



The number of specimens processed by the Bureau of Clinical Laboratories continues to increase, maintaining the BCL's ranking as one of the top five public health laboratories in the country in terms of specimen volume.

- Initiated a program for the isolation and identification of *Haemophilus ducreyi* from chancroid ulcers at the request of Dr. Milisa Rizer at the Montgomery Specialty Clinic.
- Initiated a program for the isolation, identification, and antimicrobial susceptibility of pathogenic and potentially pathogenic organisms from clinical specimens obtained from AIDS patients participating in the AIDS Support Through Knowledge (ASK) pilot clinic.

Clinical Microbiology Branch

- Screened approximately 250 throat swabs from a day care center in Tuscaloosa for Group A Streptococci. This project was coordinated through the Bureau of Clinical Laboratories in Montgomery, the Epidemiology Division of the Bureau of Preventive Health Services, and the Centers for Disease Control. Sixty positive isolates for Group A Strep were detected and forwarded to CDC for M and T typing. The predominant virulent strain reported by CDC was T-1. CDC also reported strains of T-5 and T-25.

The Bureau of Clinical Laboratories' new blood lead screening program for county health department patients ages 1 to 6 will generate approximately 40,000 specimens per year.

Clinical Services Branch

Blood Lead Section

- Initiated a statewide blood lead screening program for children ages 1 to 6 who use the county health departments. It is anticipated that approximately 40,000 specimens per year will be screened.
- Began testing for gestational diabetes for statewide county health department maternity clinics.

Hematology/Flow Section

- Acquired personnel, training, and equipment in order to initiate a flow cytometry program. This testing will enable the laboratory to determine T4 white blood cell counts on HIV positive individuals.

General Microbiology Branch

- Initiated a lyophilization program for all bacterial and mycology samples submitted from other sections of the Bureau of Clinical Laboratories in order to sustain such samples for quality control and stock culture purposes. These freeze-dried samples can be stored at room temperature for many years.

The initiation of a flow cytometry program will provide a means to more precisely manage AIDS patient treatment. The Health Department has the largest flow cytometry program in the state in terms of volume.

■■■

Respiratory Disease Division

- Received training and purchased instrumentation to enable identification of Mycobacteria by means of HPLC.

Serology Division

- Presented three papers on newborn screening at the National Newborn Screening Conference in New York.
- Conducted workshops in Rapid Plasma

(Clinical Laboratories, Serology Division continued)
Reagin (RPR) and gram stain for regional STD training center.

The Serology Division presented three papers on a unique aspect of its newborn screening program at the National Newborn Screening Conference in New York. Alabama has the only statewide cord blood screening program in the country. This method allows for faster, more accurate detection of sickle cell and other hemoglobinopathies.

- Attended 6th Conference on Testing for Human Retroviruses.
- Continued participation in CDC Family of Serosurveys.

Quality Assurance Division

- Established in January 1991 a new Quality Assurance Division within the Bureau of Clinical Laboratories.
- Coordinated regulatory activities for the central and regional laboratories. Steps were implemented to meet new Medicare/Medicaid requirements and initial plans were formulated to comply with forthcoming CLIA '88 regulations.
- Established a training alliance with the National Laboratory Training Network (NLTN). The purpose of this association is to promote laboratory training activities in support of public health goals and objectives by facilitating the use of regional and national training resources.
- Conducted a mailout survey of county health departments on laboratory related topics. The survey addressed several subjects including supplies obtained from Bureau of Clinical Laboratories, laboratory improvement through training opportunities, on-site laboratory testing, and laboratory quality control. Participation in the survey by county health departments was 82%.

Birmingham Division

- Began hospital admission study, doubling the monthly total of HIV's. Also initiated Western Blot.
- Initiated chlamydia culture procedure.
- Initiated flurophos procedure.
- Isolated A/Taiwan in March 1991, an unusual isolate for the 1990 flu season.

Decatur Division

- Initiated the Hepatitis Program for maternity patients in September of 1991.
- Initiated Microscan program for identification and sensitivity testing for urinary tract infections from urine cultures on maternity patients.
- Tested a record number of rabies specimens in the history of the Decatur Division Laboratory, 647 total animals in FY 1991 with six being positive.

Dothan Division

- Initiated limited chemistry testing in order to support the diabetes program as well as the maternity program.

Mobile Division

- Initiated *Vibrio cholerae* testing in July after the Food and Drug Administration (FDA) discovered a toxic strain in three samples of oysters in Mobile Bay. The Mobile Division Laboratory tested 69 oyster, 38 water, 2 crab, and 71 Moore swabs samples. Testing continues under FDA recommendations.
- Continued to perform testing for *Vibrio vulnificus* during Fiscal Year 1991, with 38 oyster samples examined. Twenty-one samples yielded *Vibrio vulnificus* most probable number (MPN) greater than 1,000,000 per gram, and 13 of these were greater than 10,000,000. Comparison of shellstock samples to finished product indicates that routine processing significantly reduces the number of viable *V. vulnificus* organisms.
- Continued dinoflagellate identification during FY '91. A total of 225 water samples from Mobile Bay and approaches were examined microscopically. Two possible toxin producing species were found in low levels, *Prorocentrum minimum* in 13 samples, and *Dinophysis caudata* in 11 samples.
- Participated in a training course on dinoflagellate identification. This was conducted by the Florida Department of Conservation and Natural Resources in St. Petersburg, Florida.
- Participated in a training course on the isolation and identification of *Vibrio cholerae* conducted at CDC in Atlanta.

The Bureau of Clinical Laboratories established a training alliance with the National Training Network. The purpose of this association is to promote laboratory training activities in support of public health goals and objectives by facilitating the use of regional and national training resources.

Epidemiology Division

- Held a statewide educational training session for nurses and environmentalists on the topic of lead toxicity.
- Purchased a lead-in-paint analyzer with federal grant funds to enable the department to offer environmental assessments for lead-poisoned children.
- Investigated nine outbreaks statewide, including two of salmonellosis and one each of shigellosis, *C. perfringens* intoxication, viral gastroenteritis, gastroenteritis of unknown etiology, upper respiratory tract infections of unknown etiology, scabies, and *P. cepacia* bacteremia.
- Initiated five special studies, including a prevalence study of illicit drug use among pregnant women, the effect of intramuscular vaccination of hepatitis B vaccine following intradermal vaccination, the prevalence of group A Streptococcus carriage in a day-care center, an analysis of a large syphilis outbreak, and a fish consumption survey.
- Wrote and distributed a report titled "Notifiable Diseases in Alabama, Rates and Trends During the 1980s."
- Conducted three site-specific risk assessments for aniline, perchloroethylene, and 1,1,1-trichloroethane.
- Issued two fish consumption advisories and rescinded one.
- Advised the Bureau of Environmental and Health Service Standards concerning this agency's response to the discovery of *Vibrio cholerae* organisms in Mobile Bay.
- Published 12 monthly issues of the newsletter *Epidemiology Report*, with a circulation of over 6,500.
- Published "Staff Patterns of Epidemiologists in the Health Departments of the 12 Southern States" in *Public Health Reports*, September-October 1991, Vol. 106, No. 5.

Notifiable Diseases: Largest Increases/Decreases

Notifiable diseases showing the largest increases in 1991 compared to 1990:

	1990	1991	% increase
AIDS	244	384	57.4%
Aseptic meningitis	245	279	13.9%
Syphilis	2,998	3,557	18.6%

Notifiable diseases showing the largest decreases in 1991 compared to 1990:

	1990	1991	% decrease
Giardiasis	439	375	14.6%
H. influenzae	92	40	56.5%
Hepatitis A	99	44	55.6%
Measles	25	3	88.0%
Mumps	19	15	21.1%
Pertussis	65	49	24.6%
Rabies (animal)	93	79	15.1%
Tuberculosis	484	430	11.2%

Published and distributed in 1991 by the Division of Epidemiology, the document "Notifiable Diseases in Alabama, Rates and Trends During the 1980s" is the Health Department's first edition of a comprehensive review of Alabama notifiable disease surveillance data. Reporting of notifiable diseases provides the opportunity to intervene as appropriate in response to individual cases. This information also generates data files for reports utilized by health officials to detect changing patterns of diseases and design interventions and by managers and policy makers to plan programs. The collection of such vital data requires the ongoing efforts of local physicians, hospital and laboratory personnel, state and county health department staff, and others who manage or report public health surveillance data throughout the year.

TABLE I

CASES OF NOTIFIABLE DISEASES

BY YEAR: ALABAMA: 1982-1991

DISEASES	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
AIDS	2	3	2	26	30	151	220	221	244	384
Amebiasis	4	5	11	6	10	21	4	10	9	12
Brucellosis	5	5	4	2	2	0	1	0	0	0
Campylobacteriosis	56	109	99	109	196	156	247	244	242	242
Encephalitis	18	25	26	15	31	19	28	22	14	11
Giardiasis	435	713	1,277	1,351	1,183	594	616	421	439	375
Gonorrhea	25,092	23,156	23,376	23,717	21,055	17,988	16,184	19,372	20,513	20,838
H. influenzae	82	84	118	102	128	114	166	125	92	40
Hepatitis, A	128	183	127	52	70	80	56	84	99	44
Hepatitis, B	381	424	464	487	576	412	330	253	167	170
Hepatitis, Non A Non B	63	76	70	76	69	56	61	57	25	26
Hepatitis, unspecified	57	49	35	15	15	9	11	3	0	1
Histoplasmosis	131	104	81	58	77	11	18	19	25	21
HIV infections	-	-	-	-	-	-	626	686	724	733
Kawasaki	-	9	9	19	13	10	7	8	5	4
Lead, elevated blood levels	-	-	-	-	-	-	-	-	-	884
Legionellosis	9	5	19	8	9	7	14	14	13	17
Leprosy	0	0	0	0	1	0	2	0	0	0
Leptospirosis	2	2	1	1	0	0	0	0	0	0
Listeriosis	-	-	-	-	-	-	7	8	17	10
Lyme disease	-	-	-	-	-	-	-	-	-	13
Malaria	2	7	8	6	10	5	10	8	7	7
Measles	2	5	3	0	2	4	0	60	25	3
Meningitis, aseptic	321	445	238	303	377	252	189	249	245	279
Meningococcal infections	56	50	36	28	41	45	41	27	38	40
Mumps	10	2	6	2	4	64	16	29	19	15
Pertussis	5	5	2	30	25	25	62	80	65	49
Psittacosis	1	0	0	0	2	0	0	2	3	0
Rabies in animals	146	85	130	124	117	81	94	116	93	79
Reye Syndrome	10	5	5	3	4	0	0	1	0	0
Rocky Mountain Spotted Fever	19	24	15	16	25	11	10	6	11	14
Rubella	0	1	3	0	0	0	0	1	0	0
Salmonellosis	543	737	477	740	733	798	858	849	728	739
Shigellosis	84	105	76	153	51	128	523	375	566	548
Syphilis	1,510	1,528	1,382	1,375	1,165	1,142	1,401	2,015	2,998	3,557
Tetanus	6	3	2	2	3	3	3	3	2	3
Toxic Shock Syndrome	5	0	2	2	5	6	2	1	2	2
Tuberculosis	631	523	565	531	601	541	524	464	484	430
Tularemia	0	0	0	1	1	1	0	0	0	1
Typhoid Fever	10	2	2	2	1	1	1	1	2	0
Vibriosis	-	-	-	-	-	-	14	14	11	8

*** No cases of anthrax, botulism, chancroid, cholera, dengue fever, diphtheria, granuloma inguinale, lymphogranuloma venereum, or yellow fever were reported during 1982-1991; one case of trichinosis, 10 cases of Eosinophilia Myalgia Syndrome, and one case of poliomyelitis were reported in 1990, 1989, and 1985, respectively.**

(-) Implies not reportable

TABLE 2

CASES AND RATES (*) OF NOTIFIABLE DISEASES (**)

BY PUBLIC HEALTH AREA: ALABAMA: 1991

DISEASE	AREA 1		AREA 2		AREA 3		AREA 4		AREA 5		AREA 6		AREA 7		AREA 8		TOTAL	
	NO.	RATE	NO.	RATE	NO.	RATE	NO.	RATE	NO.	RATE	NO.	RATE	NO.	RATE	NO.	RATE	NO.	RATE
AIDS	36	4.4	5	2.2	10	3.5	29	5.8	78	9.6	24	6.6	99	26.1	103	15.8	384	9.5
Amebiasis	0	0.0	3	1.3	0	0.0	0	0.0	2	0.2	0	0.0	6	1.6	1	0.2	12	0.3
Campylobacteriosis	32	3.9	8	3.5	19	6.6	20	4.0	45	5.6	5	1.4	72	19.0	41	6.3	242	6.0
Encephalitis	1	0.1	0	0.0	0	0.0	1	0.2	4	0.5	1	0.3	0	0.0	4	0.6	11	0.3
Giardiasis	48	5.8	7	3.0	16	5.5	35	7.0	58	7.2	37	10.2	126	33.3	48	7.4	375	9.3
Gonorrhea	1529	186.0	963	415.8	261	90.4	1347	271.1	3810	470.1	1661	460.1	3025	798.9	8242	1265.0	20838	515.7
H. influenzae	9	1.1	0	0.0	2	0.7	3	0.6	7	0.9	5	1.4	8	2.1	6	0.9	40	1.0
Hepatitis A	14	1.7	1	0.4	5	1.7	6	1.2	2	0.2	6	1.7	5	1.3	5	0.8	44	1.1
Hepatitis B	23	2.8	3	1.3	7	2.4	22	4.4	29	3.6	6	1.7	19	5.0	61	9.4	170	4.2
Hepatitis, Non / Non B	6	0.7	0	0.0	1	0.3	0	0.0	1	0.1	0	0.0	3	0.8	15	2.3	26	0.6
Hepatitis, unspecified	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	1	0.0
Histoplasmosis	4	0.5	4	1.7	0	0.0	0	0.0	8	1.0	0	0.0	1	0.3	4	0.6	21	0.5
HIV infections	59	7.2	24	10.4	18	6.2	34	6.8	193	23.8	50	13.9	116	30.6	239	36.7	733	18.1
Kawasaki	2	0.2	0	0.0	0	0.0	1	0.2	0	0.0	0	0.0	1	0.3	0	0.0	4	0.1
Lead, elevated blood levels	48	5.8	24	10.4	39	13.5	131	26.4	252	31.1	38	10.5	33	8.7	319	49.0	884	21.9
Legionellosis	5	0.6	0	0.0	2	0.7	5	1.0	0	0.0	1	0.3	4	1.1	0	0.0	17	0.4
Listeriosis	1	0.1	0	0.0	1	0.3	2	0.4	1	0.1	0	0.0	2	0.5	3	0.5	10	0.2
Lyme disease	2	0.2	3	1.3	1	0.3	1	0.2	0	0.0	2	0.6	1	0.3	3	0.5	13	0.3
Malaria	3	0.4	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	2	0.5	1	0.2	7	0.2
Measles	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.6	0	0.0	1	0.2	3	0.1
Meningitis, aseptic	23	2.8	12	5.2	14	4.8	10	2.0	19	2.3	13	3.6	93	24.6	95	14.6	279	6.9
Meningococcal infections	7	0.9	2	0.9	1	0.3	9	1.8	8	1.0	5	1.4	6	1.6	2	0.3	40	1.0
Mumps	2	0.2	0	0.0	2	0.7	5	1.0	5	0.6	0	0.0	0	0.0	1	0.2	15	0.4
Pertussis	7	0.9	1	0.4	7	2.4	3	0.6	13	1.6	2	0.6	8	2.1	8	1.2	49	1.2
Rabies in animals	9	----	1	----	1	----	4	----	61	----	2	----	0	----	1	----	79	----
Rocky Mountain Spotted Fever	5	0.6	2	0.9	1	0.3	3	0.6	2	0.2	0	0.0	1	0.3	0	0.0	14	0.3
Salmonellosis	142	17.3	47	20.3	32	11.1	48	9.7	175	21.6	34	9.4	99	26.1	162	24.9	739	18.3
Shigellosis	49	6.0	3	1.3	133	46.1	7	1.4	86	10.6	5	1.4	72	19.0	193	29.6	548	13.6
Syphilis	161	19.6	114	49.2	37	12.8	180	36.2	1470	181.4	368	101.9	385	101.7	842	129.2	3557	88.0
Tetanus	1	0.1	0	0.0	0	0.0	0	0.0	2	0.2	0	0.0	0	0.0	0	0.0	3	0.1
Toxic Shock Syndrome	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.3	2	0.0
Tuberculosis	77	9.4	44	19.0	22	7.6	60	12.1	72	8.9	38	10.5	39	10.3	78	12.0	430	10.6
Tularemia	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.0
Vibriosis	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	6	1.6	1	0.2	8	0.2

* Per 100,000 persons, based on 1990 census county population.

** No cases of anthrax, botulism, brucellosis, chancroid, cholera, dengue fever, diphtheria, granuloma inguinale, leprosy, leptospirosis, lymphogranuloma venereum, poliomyelitis, psittacosis, Reye syndrome, rubella, trichinosis, typhoid fever, or yellow fever were reported.

Center for Health Statistics

- Issued 243,860 certified copies of vital records.
- Processed and filed over 171,000 new vital records.
- Obtained new equipment to issue certified copies of vital records from microfilm on safety paper to prevent fraud and to improve service to the public.
- Established procedures to save staff time by eliminating the need for local vital statistics registrars to type and file birth and death summary cards.
- Answered approximately 3,000 requests for statistical information and/or provided assistance in statistical analysis.
- Provided Alabama vital event data to the National Center for Health Statistics for inclusion in national statistics.

Services by the Center for Health Statistics included issuing 243,860 certified copies of vital records, processing and filing over 171,000 new vital records, and answering approximately 3,000 requests concerning statistical information.

- Provided computerized birth certificate information, at the request of parents, to the Social Security Administration for issuance of social security numbers to 49,200 newborn Alabamians.
- Provided computerized death information to several governmental or public agencies including the Social Security Administration to prevent fraudulent payments.
- Provided statistical consulting and support services to other units in the department and to other governmental agencies.
- Produced publications on vital statistics in Alabama including *Alabama Vital Events*, *Alabama Teenage Birth Statistics*, and *Alabama Selected Perinatal Statistics*.
- Presented a two-day seminar to local and deputy vital statistics registrars that included sessions on fraud prevention and national vital record systems.
- Continued work with the Health Information Systems Division to revise all vital record computer systems to improve efficiency and ease of use.
- Obtained a Pregnancy Risk Assessment Monitoring System (PRAMS) Grant from the Centers for Disease Control to study factors related to pregnancy and infant death in Alabama.
- Prepared a publication *Alabama, The Starting Point..., Baseline Statistics for Health Objectives 2000, National and State Data* and provided data for other Health Department publications on the Healthy Alabama 2000 objectives.
- Worked with the Perinatal Epidemiologist on a study linking Medicaid records to vital records to examine births and infant deaths for Medicaid and non-Medicaid mothers.

Photograph by Robert Phaturos

Reaching the Healthy Alabama Year 2000 Objective of reducing the state's infant mortality rate to 8.0 deaths per 1,000 live births requires a multifaceted approach. In 1991 the Center for Health Statistics added to its ongoing activities in this area, working with the Health Department's perinatal epidemiologist on a study linking Medicaid records to vital records to examine births and infant deaths for Medicaid and non-Medicaid mothers. The Center also obtained a Pregnancy Risk Assessment Monitoring System (PRAMS) Grant from the Centers for Disease Control to study factors related to pregnancy and infant death in Alabama.

New equipment obtained in 1991 will enable the Health Department to issue certified copies of vital records from microfilm on safety paper to prevent fraud and to improve service to the public.

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Alabama's Leading Causes of Death 1989 and 1990

1990				1989	
RANK	NUMBER	RATE	CAUSE OF DEATH	RANK	NUMBER	RATE
-----	39,335	------	Total All Causes	-----	38,924	-------
1	12,893	319.1	Diseases of the Heart	1	13,118	309.3
2	8,697	215.2	Malignant Neoplasms	2	8,618	203.2
3	2,931	72.5	Cerebrovascular Diseases	3	2,905	68.5
4	2,299	56.9	Accidents	4	2,186	51.5
5	1,504	37.2	Chronic Obstructive Pulmonary Diseases & Allied Conditions	5	1,417	33.4
6	1,258	31.1	Pneumonia & Influenza	6	1,241	29.3
7	850	21.0	Diabetes Mellitus	7	724	17.1
8	706	17.5	Diseases of the Arteries	8	713	16.8
9	562	13.9	Homicide	10	512	12.1
10	527	13.0	Suicide	9	516	12.2
-----	7,108	-----	All Other Causes	-----	6,974	------

NOTE: Cause-specific rates are per 100,000 population.

1990 Vital Statistics Records

Census Population: 4,040,587

Births: 63,420; Rate: 15.7

Deaths: 39,335; Rate: 9.7

Marriages: 43,050; Rate: 10.7

Divorces: 25,678; Rate: 6.4

Adoptions: 2,270

Legitimations: 3,618

Infant Deaths: 689; Rate: 10.9

Induced termination of pregnancy, women under 18: 1,592

Certified copies of vital records issued: 243,860

Noncertified copies of vital records produced: 7,608

Seminars: 8; Participants: 404

Number of records microfilmed: 1,070,440

NOTE: All rates are per 1,000 population except for infant mortality which is per 1,000 live births.

During each day in Alabama there were an average of:

174 live births
- 32 births to teenagers
- 15 low weight births
- 52 births to unmarried women

108 deaths
- 35 heart disease deaths
- 24 cancer deaths
- 6 accidental deaths
- 3 motor vehicle fatalities
- 2 infant deaths
- 2 fetal deaths

118 marriages

70 divorces

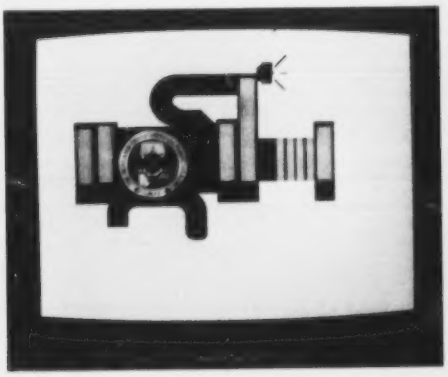
Bureau of Health Promotion and Information

Health Education Division

Photograph by Mark Gooch

- Established an in-house broadcast quality video facility to enable the Health Department to expand services and programs for inservice training, community educational programs, and public relations and information programs.
- Distributed 60 radio public service announcements to 44 stations and 16 TV PSAs to 28 stations, for a total of 3,088 public service messages delivered.
- Distributed educational TV programs weekly to 15 stations statewide.
- Developed several training videos on a variety of subjects.
- Utilized satellite up-link technology to provide all Alabama TV stations with department news conference information.
- Developed "Controlled Substances: Medicine or Drugs of Abuse?," a 30-minute inservice educational video for health care providers and students. Three pharmaceutical companies provided financial support totaling $15,000.
- Developed "Caring For Your Newborn Baby," a 30-minute, five-part educational video and a pamphlet for prenatal and child health clients. The Alabama Medicaid Agency provided $9,000 in financial support.
- Awarded $7,100 grant to develop educational training video for the Centers for Disease Control.
- Awarded $34,000 contract to develop educational training videos for the UAB School of Public Health.

The Bureau of Health Promotion and Information established an in-house broadcast quality video facility to enable the Health Department to expand programs for inservice training, community educational, and public relations and information programs. Above are clips from educational videos on using child passenger restraints properly and on fighting tooth decay.



New equipment allows for the creative manipulation of screen images. Such high-tech video capabilities are needed to produce educational materials that compare with the sophisticated products the audiences of the '90s have come to expect in their television viewing.

Graphic Communication Division

- During 1991 the Division of Graphic Communication added a second Xerox model 5090, a shrink wrap machine, and a new folder to its quick copy unit. These additions have enabled the department to produce many jobs in house.
- Services provided by the Graphic Communication Division in 1991 included:

5,471 pieces of typesetting;
6,644 pieces of artwork/illustration; and
5,107 pieces of photography.

Printing costs totaled $1,396,655.12.

The Graphic Communication Division produces hundreds of thousands of pieces of printing through equipment that provides quality, cost-efficient production of educational, informational, and promotional materials.

Public Information Division

- Continued coordinating departmental media activities including writing news releases and public service announcements and arranging press conferences and interviews for other departmental units. In 1991 the bureau distributed 18,952 news releases to selected areas statewide. Changes included the increased faxing of important news releases to county health departments and media outlets.
- Published *Alabama's Health*, the department's monthly news and feature magazine; *Alabama Health Briefings*, a monthly newsletter of department initiatives sent to government, community, and health care leaders; and the department annual report and calendar.
- Converted from a film library to a strictly videotape library.
- Compiled monthly summaries of State Committee of Public Health actions.
- Designed and edited the *Minority Health Branch Healthline* and the Division of Home-Based Care's *Home Health Bulletin*.
- Revised telephone listing for Central Office.
- Coordinated publicity and prepared graphics for African American Male Conference for media and public.
- Helped recognize Home Health Aide of the Year.
- Composed speeches to legislators on a variety of topics.
- Assisted with breastfeeding promotion campaign.

The Bureau of Health Promotion and Information distributed a total of 18,952 news releases statewide to convey vital messages concerning the public's health.

- Prepared teen pregnancy and sexuality awareness brochure.
- Assisted with preparation of *Manual for Management of Emergency Health Services* and *Hazardous Materials Manual*.

The Public Information Division coordinated the publicity and produced the conference materials for two landmark conferences in 1991. The Healthy Alabama 2000 conference provided Alabama's first statewide forum to establish measurable health objectives to reduce preventable disease and injury. Another first was the African American Male Conference, which addressed the disproportionate number of premature deaths among African American males.

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- Coordinated promotions of various observances such as Child Health Day, including preparing proclamations, arranging publicity, and issuing news releases.
- Coordinated publicity and prepared conference materials for the Fifth Alabama AIDS Symposium and the Alabama AIDS Network.
- Coordinated publicity for the Alabama Diabetes Advisory Committee and the Alabama Diabetes Control Program.
- Coordinated publicity and prepared conference materials for the Healthy Alabama 2000 Conference; produced *Healthy Alabama 2000* which summarizes the Healthy Alabama 2000 Project and the state's Year 2000 objectives.

Marketing Division Created

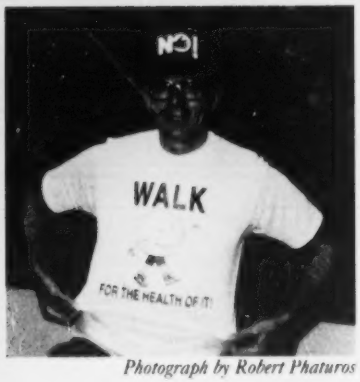
In September 1991 the Bureau of Health Promotion and Information created a Marketing Division to incorporate the problem-solving techniques of marketing into health promotion and disease prevention. Services include:

Photograph by Mark Gooch

- Promotional activities and events
- Market assessment
- Product/service positioning
- Promotional items
- Creative direction
- Graphic design and packaging

Projects begun in 1991 included development of positioning logos for the Center for Community Health Development and the Maternity Waiver Program; an awareness campaign for the Home Health Program, including the development of yellow page advertising statewide utilizing the Marketing Division's updated version of the Home-Based Services logo; and the education of department employees about the marketing process which includes the identification of a unique selling point and developing a niche for Alabama Department of Public Health services. ▣

The Marketing Division's updated version of the Home Health Program logo



Photograph by Robert Phaturos

Hats, t-shirts, buttons, and bumper stickers are popular health promotion incentive items that keep disease prevention messages in the public eye. The Disease Prevention Division utilizes such motivational products along with video and reading materials to reach the audiences of the '90s with vital health information.

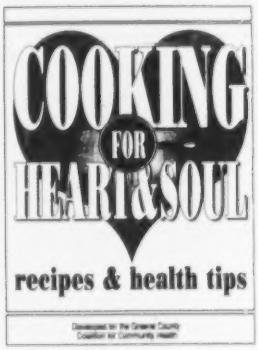
Center for Disability Prevention

Disease Prevention Division

- Participated in programs, provided statistical information, implemented initiatives, and prepared reports related to the Healthy Alabama 2000 Project.
- Coordinated the participation of the Alabama Department of Public Health in Red Ribbon Week activities to heighten drug awareness and promote a drug-free, healthy lifestyle. The Red Ribbon Week Campaign is designed to create awareness about the drug problem that is facing every neighborhood, establish effective community groups, and support drug-free, healthy lifestyles.
- Participated in the Alabama Work Group on Prenatal Substance Abuse and assisted in writing and publishing the work group's recommendations.

The best protection against breast cancer is early detection. The Disease Prevention Division distributed news releases and brochures statewide that contained information on breast self-examination during Breast Cancer Awareness Month.

- Distributed breast cancer awareness information to the county health departments and news releases during Breast Cancer Awareness Month; "Talk About prescriptions" news release for Prescription Awareness Month; and youth access to tobacco signs and information.
- Continued to coordinate the Governor's Health Education Awards Program. The program's goal is to improve community health involvement and to recognize outstanding health education efforts in Alabama communities.
- Presented health messages through news releases, policy statements, media interviews, public service announcements, and public presentations.
- Awarded and coordinated mini-grant projects funded primarily through federal community chronic disease prevention funds obtained from the Centers for Disease Control. Following grant applications from the counties, seven projects were funded on nutrition and tobacco-related topics. The four tobacco-related grants targeted schoolchildren, pregnant women, and mothers of young children. The three nutrition-related grants focused on nutrition education/counseling and cholesterol awareness/screening programs. The participating counties included Covington, Houston, Jefferson, Lawrence, Lee, Mobile, and Morgan. Several of the participants presented the grant-related information locally and nationally. *(Other tobacco-related activities of the Disease Prevention Division are featured in the Chronic Diseases Section on pages 1-2.)*



Seven mini-grants were awarded for nutrition and tobacco-related projects such as this healthy heart cookbook developed by Greene County in a similar project.

Injury Prevention Division

The activities of the Injury Prevention Division are listed in the Environmental Health, Injury Prevention, and Occupational Safety and Health Section on page 21.

Surveillance Division

- Conducted over 5,000 health-related interviews by telephone or in person.
- Assisted in the development, implementation, evaluation, and analysis of surveys for the department for program planning and evaluation. Some of the surveys conducted in 1991 for the department included assessments of Alabamians' opinions and knowledge of maternal and child health programs offered by the Health Department; of WIC participants' opinions about the need of extended clinic hours; of Alabama's food choices and fish consumption patterns; of Medicaid recipients' opinions of the quality of health care they receive; and of Health Department clients to determine location of new clinics.
- Participated in the test piloting of a new Computer Assisted Telephone Interviewing (CATI) system with the assistance of the CDC.

Photograph by Mark Gooch

The Surveillance Division ranked #1 in surveillance quality control standards for the fifth consecutive year for its conduction of the Behavioral Risk Factor Surveillance System Survey (BRFSS). The surveillance system collects data regarding the health risk factors which cause the highest number of deaths and disabilities in Alabama. Funded by the Centers for Disease Control, Alabama is one of the 40 participating states in the nation. A summary of the 1990 survey is listed on page vi.

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Resource Management & Development

To deliver the most effective services as cost-efficiently as possible, the Health Department continues to develop strong resource management programs with input and evaluation from all staff levels.

1991 Highlights

- Developed key management indicators
- Began implementation of the Reassessment of Activities and Mission (RAM) Project
- Initiated work on an Internal Audit financial/administrative site review questionnaire
- Implemented the home health patient management software system from Home Care Information Systems in 19 counties
- Implemented the Alabama Clinic Level Automation System (ALACLAS) in eight counties to eliminate the manual keying of forms
- Continued to increase minority personnel
- Continued to add and update training programs to improve employee performance
- Recovered thousands of dollars owed as a result of WIC violations
- Worked to develop a new classification system for home health nurses and aides
- Continued to expand the role of the social worker in department programs
- Recorded continued phenomenal growth in the Home Health Program
- Recorded increasing requests for assistance from the Center for Community Health Development
- Trained 150 staff members in the department's Emergency Preparedness Program
- Relocated over 400 state-level staff members to temporary offices at three locations

1991 Selected Activities

Capital Expansion

- Relocated over 400 state-level staff members to temporary offices at three locations, permitting renovation of the State Office Building.
- Revised over 300 plans for health facility construction projects and made over 100 on-site inspections of projects.

The Office of Capital Expansion utilizes a carefully determined set of standards in monitoring Health Department facilities to assure environments which are appropriate for the efficient, effective delivery of health care services.

General Counsel

- Provided general legal counseling to avoid litigation and to achieve compliance with various departmental regulations.
- Defended successfully department personnel where litigation was necessary.
- Prosecuted successfully dozens of WIC cases in which store owners were found to be in violation of federal and state laws, and recovered thousands of dollars owed as a result of these violations.

Among its many successes, General Counsel staff recovered thousands of dollars owed as a result of WIC violations.

- Appeared in several district, circuit, and probate courts within the state and in all federal district courts within the state.
- Prosecuted successfully sexually transmitted diseases and tuberculosis cases, bringing transgressors in line with testing and treatment laws.
- Drafted and reviewed hundreds of departmental contracts for processing before the Contracts Review Permanent Legislative Oversight Committee.
- Processed numerous departmental rules in accordance with the Alabama Administrative Procedure Act.
- Handled numerous administrative hearings involving personnel, environmental, and emergency medical services cases.
- Rendered numerous formal and informal opinions including Attorney General opinions for departmental personnel.
- Handled requests for information from the general public and other health-related organizations as related to various entities of public health.
- Advised state and county personnel on records release and other confidentiality matters.
- Reviewed numerous departmental policies, regulations, and legislation.

Office of Internal Audit

- Implemented audits of paid vouchers in Health Finance.
- Implemented audits of the computer program used to bill Medicaid for clinical services.
- Participated in responding to the report of the department's financial audit performed by Examiners of Public Accounts and in implementing corrective actions set forth in the report.
- Negotiated a contract with the Examiners of Public Accounts to audit approximately 45 county health departments and participated in the preparation of audit programs to be used by the Examiners.
- Initiated work on a financial/administrative site review questionnaire to be used for reviewing key concerns of program directors in county health departments.
- Implemented audits of State Property Inventory in county health departments.
- Performed 70 audits in 28 county health departments.

The Office of Internal Audit initiated work on a financial/administrative site review questionnaire to be used for reviewing key concerns of program directors in county health departments.

Office of Management Services

- Coordinated development of management indicators which assist county/area managers in assessing the extent to which minimum program standards are met. Will be implemented in 1992.

The Office of Management Services coordinated the development of key management indicators. These indicators are three to five items which represent the most crucial measures of a program's operational success. Acceptable target ranges are established for each indicator, and variations from the target serve as "red flags" to the program manager.

- Coordinated the development of the Reassessment of Activities and Mission (RAM) project which facilitated nine state-level programs being re-evaluated in terms of their missions and activities.
- Developed a process which institutionalized a strategic thinking committee for the department to monitor those long-range strategic issues which will affect the public health environment.
- Participated in a project to revise a nationally sponsored reporting system (Association of State and Territorial Health Officers [ASTHO] Report) on public health activities performed in each state in the nation.
- Developed and proposed a new classification system for the department's local/area clerks.
- Participated in a statewide study with the Alabama Housing Authority to determine housing needs in Alabama which affect public health.
- Coordinated a project in conjunction with the Alabama Department of

The Alabama Department of Public Health has developed and implemented a number of management strategies recently which have resulted in substantial cost savings and greatly improved services to the public. Financial accountability, optimal utilization of time, presentation of innovative programs, and attainment of our mission are the management goals for which we strive as an agency. We take very seriously the public's trust in us to most appropriately utilize resources.

Claude Earl Fox, M.D., M.P.H.
State Health Officer

Archives and History's records retention procedures for local operation and facilitated training of local office managers on these procedures.

- Conducted one management review plus assisted five counties/areas with analysis of patient flow in clinics.
- Continued monitoring the system for clinic appointment waiting times in all clinics with the goal of providing appointments within 10 working days of request.
- Worked in conjunction with nursing staff to combine the nursing and clerical staffing template.
- Initiated a system to formalize orientation of county clerical staff and established standards that must be followed in order to qualify for permanent clerical status.
- Coordinated clerical members in department's disaster response team.
- Coordinated 3-day clerical update training session at Twin Pines Conference Center.
- Provided consultation for fax policy study group and revision of laboratory forms study group.
- Provided consultation on training guidelines and standards for new clerical staff at the local level.

The purpose of the Alabama Department of Public Health's Policy Clearinghouse is to facilitate communication about newly proposed policies among affected units, aid review of policy materials for clarity, and identify potential overlap in program operations.

- Revised a policy for obtaining authorizing signatures for services delivered to clients.
- Developed a list of management initiatives implemented by the department to improve effectiveness and efficiency in providing public health services to Alabama residents.

The purpose of the Reassessment of Activities and Mission Project (RAM) is to assess the benefits of current program efforts and to make appropriate changes in the use of available resources.

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- Began a policy study group on client confidentiality and release of information from medical records.
- Began work on a preventive health services encounter form.
- Developed a streamlined immunization record system for county health departments and, by the end of 1991, was ready to begin a statewide pilot.

(Management Services continued on page 42)

(Management Services continued from page 41)

- Identified 92 grant possibilities from October 1, 1990 - September 30, 1991.

The Health Department utilized 42 grants and cooperative agreements in Fiscal Year 1991 totaling over $79 million.

- Recorded 42 grants and cooperative agreements in effect during FY 1991; 41 federal, one private for a total of $79,610,037.00.
- Reviewed a total of 106 policies through the department's Policy Clearinghouse since it became effective. Of these 106 policies, 62 were reviewed in FY 1991.

The Alabama Clinic Level Automation System (ALACLAS) automates the Health Department's clinics. Instead of preparing Patient Encounter Forms and Patient Registration Forms to be sent to Health Information Systems for manual keying, ALACLAS allows for the data to be keyed into the system at the clinics. By providing on-line edits, all Family Health encounter form information will be correct when submitted for reporting and billing. In addition to printing WIC Food Instruments and automating patient scheduling (which includes an autodialer module that dials patients' telephone numbers and reminds them of their upcoming appointments), the system produces clinic reports that previously had to be compiled manually. Other clinic labor-saving features include automated patient name and Unified Medical Record (UMR) number searches and label printing.

Health Information Systems Division

- Implemented the home health patient management software system purchased from Home Care Information Systems (HCIS) in Geneva, Pike, Coffee, Elmore, Etowah, Monroe, Autauga, Tuscaloosa, Houston, Crenshaw, Butler, Covington, Sumter, Montgomery, Dallas, Marshall, and Calhoun counties on IBM PC36 computers. The HCIS PC version was implemented in Fayette and Lamar counties under a cluster concept.
- Developed and implemented an online Birth Correction and Inquiry System for current year data, in addition to an on-line Birth Searching System for Certificates dating back to 1920.
- Revised the on-line abortion system to reflect certificate changes.
- Developed and implemented the Monthly Production Reporting Subsystem to monitor planned and actual performance in the clinics.
- Made major modifications to the County Activity (A3) Report.
- Developed and implemented over 40 DB2/GHRS (Government Human Resources System) applications.
- Developed and implemented new employee time sheets along with a new time reporting system.
- Made major enhancements to the budget template.

The implemenation of the home health patient management software system from Home Care Informations Systems (HCIS) has improved several areas: on-line errors can be corrected; employees can complete documentation more efficiently; and cash flow is speeded up. The system also produces management and employee productivity reports.

- Began conversion to the Fixed Assets Subsystem of LGFS (Local Government Financial System).
- Developed and implemented a system to track Turn Around Documents.
- Developed a Health Education System to track attendants in pregnancy and parenting classes and to bill Medicaid for the classes.
- Implemented the Alabama Clinic Level Automation System (ALACLAS) in Autauga, Elmore, Montgomery, Tuscaloosa, Etowah, Lee, Shelby, and Dallas counties.
- Designed and developed an autodialer module for ALACLAS that will automatically dial patients' telephone numbers to remind them of their upcoming appointments.

- Provided 115,000 WIC participants with over 300,000 negotiable food instruments monthly with a 100% reconciliation.
- Upgraded the Laboratory Billing System to allow for keying of lab slips at the State Laboratory.
- Designed a Newborn Screening System to enable case workers to track newborn screening cases; coordinated software installation with vendor. The system is operational and interfacing with the State Laboratory.

The Health Information Systems Division developed a system to track attendants in pregnancy and parenting classes and to bill Medicaid for the classes. Another of the division's newly designed systems will assist case workers in tracking newborn screening cases.

- Planned and coordinated the Health Department's move to Normandale including determining placement of and cabling the entire Normandale facility for telephones, data communications, and mainframe connectivity, and scheduling personal computer moves.
- Processed over $750,000 in orders for personal computer equipment and peripherals.
- Held training classes throughout the year on special computer applications, and made presentations at several Alabama Public Health Association (AlPHA) clerical workshops for basic computer overviews.
- Increased keystrokes produced in operations by 100 million to 360 million.
- Processed 84,000 jobs at data center; produced 156 million print lines.
- Moved to temporary offices at Normandale with no down time in the Health Data Center.

Personnel and Staff Development Division

	Number of Employees		Percentage of Employees	
	1990*	1991	1990	1991
State level merit system	1,021	1,004	32%	30%
County level merit system	2,185	2,367	68%	70%
Contract employees	979	663		

**Please note correction in figures from 1990 Annual Report, where state and county numbers were reversed.*

1991 Minority Employment

	Health Department		Alabama Labor Market
	1990	1991	1990 and 1991
Total	35.65%	35.81%	22%
Clerical	29.82%	23.36%	15%
Professional	15.20%	15.20%	12%
Management	10.09%	11.03%	7%

The Health Department continued its success in minority recruitment, as the above figures reflect, increasing the percentage of minority personnel from a total of 35.65% in 1990 to 35.81% in 1991.

Skilled personnel management helps ensure quality staff performance and allows the Alabama Department of Public Health to compete in a tight labor market.

Training Branch

- Assisted with the WIC Training Center implementation.
- Began revising the Supplies Manual.
- Began Social Worker Job Skills Package, which will include a generic Epidemiology component.
- Developed Health Department Training Calendar.
- Completed Encounter System Update Skills Packages and training.
- Completed Cost Accounting Training Program, Parts 1-6, and revision of cost accounting video.
- Published the *Pathfinder.*
- Implemented audio-teleconferencing for training and administrative purposes.

(Training Branch continued on page 44.)

Training maximizes both job performance and employee satisfaction, enabling Health Department staff to provide the highest possible level of service to the public.

(Training Branch continued from page 43)

- Completed Employee Assistance Program.
- Implemented Public Health Management Institute program.

The development of a job skills training package requires gathering job/tasks data; conducting interviews with multiple levels of personnel; observing workers on the job; and forming a focus group to discuss areas of importance and target problems. Instructional requirements are then determined, and training materials are designed and developed. These materials include a technical manual, practical exercises, tests, a trainer's guide, and a videotape such as this one for WIC produced through the video facilities in the Bureau of Health Promotion and Information's Health Education Division.

- Began or assisted with the development of training on the following topics:
  - Departmental Needs Assessment Training
  - Basic Principles of a Level
  - Collecting, Packaging, and Mailing Specimens
  - Perinatal Substance Abuse, I.D., Education, and Referral
  - Basic Safety Procedures in the Workplace
  - Encounter System Field Audit
  - Onsite Sewage Inspection
  - New Employee Orientation
  - Basic Computer Skills

Public Health Nursing Section

- Worked with Health Personnel and State Personnel in the development of a new classification system designed exclusively for home health nurses and home health aides.
- Worked toward the development of a nurse scholarship bill providing financial assistance for health department employees who meet certain criteria to attend nursing school.
- Continued validation studies on the staffing model for nursing clinical services and assisted areas with budgeting needs for staffing based on the model.
- Coordinated approximately 10 agreements for student experience at local county health departments with schools of nursing statewide.
- Reviewed 275 nursing applications for accuracy and processed to State Personnel.
- Increased size of section by two staff members (one nurse and one secretary) to coordinate educational activities for public health nurses statewide.
- Processed approximately 780 malpractice insurance renewals for public health nurses statewide.
- Continued involvement with disaster team activities.
- Coordinated basic computer skills training for eight area nursing directors.
- Participated with a committee that developed implementation procedures for the second dose measles vaccine.
- Developed a course curriculum on community health nursing, with Section Director and Assistant Director serving as instructors of the course at Auburn University at Montgomery during the Spring 1991 quarter.
- Participated on the Women's Health Task Force formed by the Public Health Nursing Section of the American Public Health Association with the Section Director of the Public Health Nursing Section, Alabama Department of Public Health, serving as chairman. The task force was developed primarily to address breast and cervical cancer on a national level. This office conducted a nationwide survey to determine a contact person and the services provided in each state. A national directory will be developed identifying these contacts. Completed information regarding these services will be disseminated into a data base and distributed to the identified state contacts for utilization.
- Completed a revised manual for the Public Health Nursing Section of APHA.
- Took an active part in ASTDN (Association of State and Territorial Directors of Nursing) through the Section Director and thereby supported the network with other state nursing directors for information and idea exchange.

The demand for home health services is rapidly growing. Among the Public Health Nursing Section's many activities to develop the best nursing staff possible is the effort to create a new classification system designed exclusively for home health nurses and aides.

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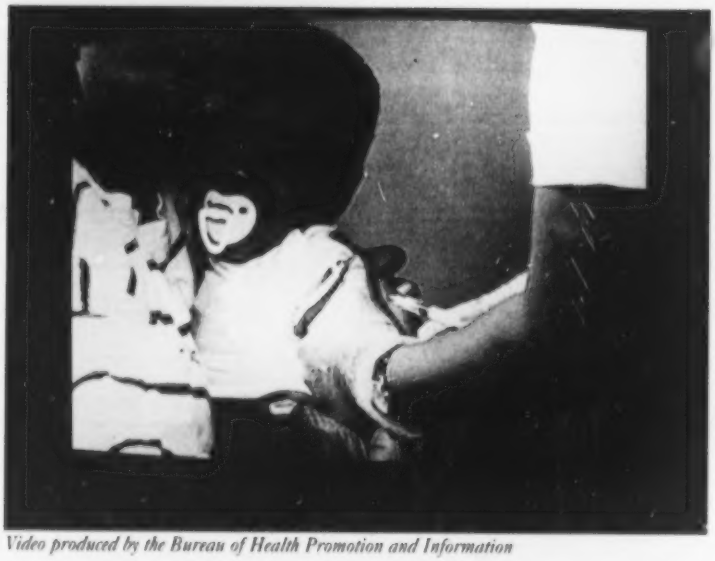
Nursing Personnel 1991

Total Nurses Employed (State and Areas I-VI)

Areas I-VI:	779
State Level:	71
Total:	850

Nursing Personnel Transactions

New Hires:	202
Resignations:	59
Terminations:	2
Retirements:	10
Deceased:	3



Video produced by the Bureau of Health Promotion and Information

The training film clip above on immunizations was part of the county public health nurse orientation pilot implemented by the Public Health Nursing Section in 1991.

Educational Activities:

- Held PHN Staff Development Series January-February focusing on an immunization update. The update was held in 12 sites throughout the state; 497 public health nurses attended.
- Began a county public health nurse orientation pilot for newly employed clinic nurses in Houston County in February and throughout Public Health Area 5 in May. The pilot was conducted for newly employed home-based service nurses in Montgomery County in August and in Dallas County in September.
- Held annual Anne M. Smith Seminar May 3. The Community Health Nursing Section of the Alabama Public Health Association co-sponsored the seminar with the Nursing Section. Eighty-five public health nurses attended.
- Offered Health Assessment Workshops again to public health nurses through coordination efforts with the University of Alabama School of Nursing in Birmingham and the University of South Alabama School of Nursing in Mobile. The workshops coordinated with the University of Alabama School of Nursing in Birmingham were held in March (Adult Health), June (Child Health), and August (Adult Health). The workshops coordinated with the University of South Alabama School of Nursing in Mobile were held in June (Adult Health) and October (Child Health). For the first time, public health nurses attending either of these one-week sessions were given the option by the university to receive academic credit (3 credit hours). The nurse was required to pay school fees; however, tuition, mileage, and per diem were paid by the department. Nine public health nurses took advantage of this opportunity. Overall, approximately 60 public health nurses were in attendance at all sessions.
- A one-week state orientation was provided June 17-21 for local public health nurses employed 6 months or longer. Twenty-eight public health nurses were in attendance.

(Activities of the Public Health Nursing Section's Occupational Health Unit are listed on page 22 in the Environmental Health, Injury Control, and Occupational Safety and Health Section.)

Home-Based Services Division

- Continued phenomenal growth in Fiscal Year 1991. Deadlines for completing semi-annual and annual Medicare cost reports were met. Annual evaluations were completed for all 64 county sub-units as well as consultation and technical assistance to many of the county sub-units.
- Continued progress in the statewide computerization of the Home Health Program.
- Provided assistance to rural hospitals under contract with county sub-units for the provision of home health services.
- Continued training activities in Fiscal Year 1991 to assure that home health aides received training as mandated by federal regulations and that training requirements were met for continued accreditation by the National Association for Hospice and Home Care.
- Provided services to eligible clients under the HIV Home and Community-Based Services grant. Demands for services have steadily increased since the program was implemented October 1, 1990. The division received 31 applications for services and IV medications. Additionally, skilled and unskilled nursing services were provided by public and private providers to 28 patients in 13 counties throughout the state.

(Home-Based Services continued on page 46)

The Home Health Program continued its phenomenal growth in 1991 and maintained its place as one the nation's largest home health programs.

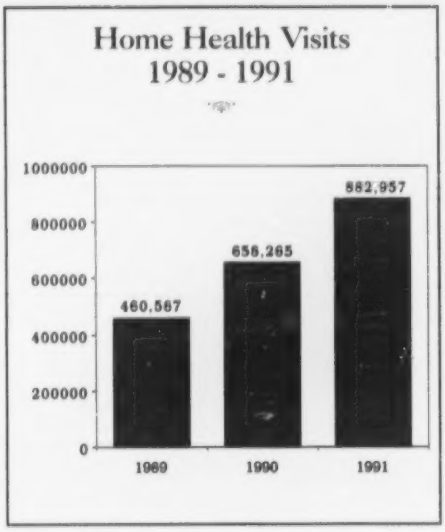
(Home-Based Services continued from page 45.)

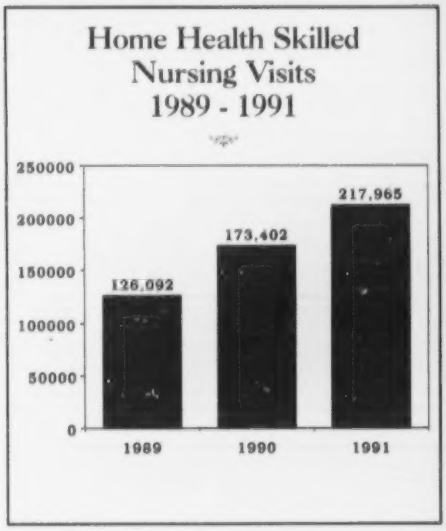
- Continued to provide citizens an alternative to nursing home admission through the Community-Based Waiver Program. Through contracts with the Department of Human Resources and the Alabama Commission on Aging and its area affiliates, in-home services were provided to individuals who do not typically qualify for home health care. This helps avoid and/or delay institutionalization.

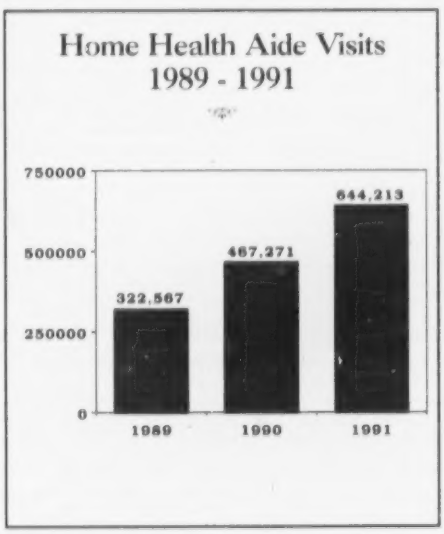
Photograph by Robert Phaturos

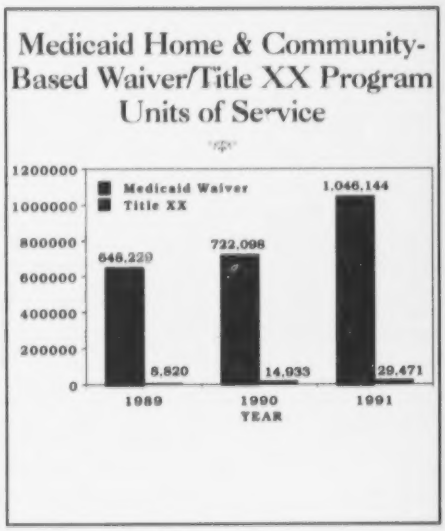
In 1991 the Health Department initiated the Options I Program. This is a private pay service for those individuals who do not qualify for home health or waiver services but who still need home care such as homemaker, personal care, and respite services.

- Provided 1,046,144 units of service in FY 1991. These services included case management, personal care, homemaker, unskilled respite, and skilled respite services. In addition, 29,471 units of services were provided to Title XX recipients.
- Initiated the Options I Program. This is a private pay service for those individuals who do not qualify for home health or waiver services but who still need home care such as homemaker, personal care, and respite services. Five counties participated in this program in FY 1991 offering clients 5,021 units of service.









Home-Based Services 1991

Percent Increase in FY 1991 Visits Compared with FY 1990

Total Visits: 34% increase — Medicaid Visits: 2% increase

Medicare Visits: 47% increase — Indigent Visits: 25% increase

FY 1991 Visits by Program

Medicare (A & B)	Medicaid	Insurance	Self-Pay	Indigent	Total
649,871	168,973	15,351	4,007	44,755	822,957

FY 1991 Visits by Discipline

Nursing	Physical Therapy	Speech Therapy	Occupational Therapy	Medical Soc. Svcs.	Home Hlth Aide	Total
217,965	18,922	748	49	1,060	644,213	882,957

FY 1991 Patient Admissions: 18,092, an 18.35% increase over FY 1990

Sometimes the real problem in a county health department is not that a child stays sick with a cold and a sore throat--it's that his home has no heat. Sometimes the problem is not that there is no money to pay for vital medical treatment--it's that the family does not know how to access the insurance system. Sometimes the problem is not that a mother and father don't care about their children--it's that they have never been taught how, or even to believe they can take care of themselves, much less anyone else. This is where the social worker is so vitally needed in the health care system--to discover the obstacles between patients and healthy, productive lives, and to help them find the way to well-being--one step at the time.

Video produced by the Bureau of Health Promotion and Information

The Social Work Program began to work with the Training Branch to develop a Basic Job Skills Package for department Social Workers. The goal of the new package is "to improve the wholistic nature of care. Addressing pyscho-social issues helps enable the positive impact of medical care to happen." The package will include a technical manual, practical exercises, a test, a trainer's guide, and videotapes, one of which is pictured here.

Social Work Program

- Provided case management services to 10,991 maternity patients.
- Provided case management services to an increasing number of HIV+/AIDS patients.
- Participated as members of the Health Department's disaster response team.
- Provided social services to Health Department patients in family planning, cancer detection, and child health clinics.
- Expanded the role of the social worker in the Home Health Program; made over 1,100 home visits and began to look at ways to broaden the use of social workers in this vital program.
- Participated in several Health Department initiatives, including breastfeeding initiative, maternity waiver development, Montgomery Specialty Clinic, and Health Department/community-based organization AIDS clinics.
- Participated in the Early Intervention Program for infants and toddlers with developmental delays and disabilities.
- Developed and participated in parenting classes at various Health Department sites.
- Served as the main resource/liaison for the successful outstationing of Medicaid eligibility workers in county health departments.
- Began providing follow-up home visits to families experiencing a SIDS (Sudden Infant Death Syndrome) death.

Emergency Preparedness Program

- Continued to evolve the Emergency Preparedness Program with the training of 150 staff members including physicians, nurses, clerical, and social workers. Each was trained in basic first aid, CPR, and introductory disaster response. A duty officer is now on call 24 hours a day taking calls from field staff and the Department of Public Safety. Twenty-three calls were taken and 12 calls involved staff member response. *(The Emergency Preparedness Program is operated through the Division of Program and Planning Development.)*

The Health Department continued to evolve the Emergency Preparedness Program with the training of 150 staff members including physicians, nurses, clerical staff, and social workers. A duty officer is now on call 24 hours a day to take calls from field staff and the Department of Public Safety.

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Photograph by Syble M. Bogle

Macon County citizens attend a town forum in Phase III of a CCHD Community Health Assessment.

Community Health Assessment

Building Community Partnerships for Health Care Development

Phase I: Staff from the Center for Community Health Development meet with community leaders to develop a picture of the community.

Phase II: CCHD personnel interview providers and agencies to gather data on the community and determine health care utilization patterns.

Phase III: Town forums are held to obtain the broadest understanding possible of community needs and expectations of health care delivery.

When the interviews are completed, the Center compiles and analyzes the information into a report that is presented with recommendations for the community to consider implementing. The Center provides assistance in implementation and in the evaluation of outcomes.

These services are provided at no charge. While the CCHD provides guidance, it advocates from the onset ownership of the project at the community level.

Center for Community Health Development

- **Barbour County (Clio):** Provided information regarding CCHD services.
- **Blount County (Oneonta):** Attended meeting with hospital representatives to explain CCHD services.
- **Butler County:** Assisted Greenville and surrounding communities in recruitment of a physician per request from Rep. Charles Newton. Completed heliport application for L.V. Stabler Memorial Hospital.
- **Chambers County:** Submitted analysis of county health system's needs to task force. At year's end the Center was awaiting their comments prior to presenting report to the county commission. Began participating in planning for indigent care clinic in Valley along with the Chambers County Medical Society, Auburn University, and the local health department.
- **Clarke County (Thomasville):** Presented information to the mayor and city council on services.
- **Covington County:** Completed phase II of community health assessment. The task force then began attempting to further educate the community regarding health and medical needs. This group also began work to solicit support for phase III of the health assessment and a fund-raiser to assist in physician recruitment.
- **Escambia County:** Began work with health task force to complete phase III of health analysis.
- **Franklin County (Red Bay):** Provided data and information to Red Bay Hospital Administrator which will assist the hospital in recruitment effort.
- **Greene County:** Assisted Greene County Hospital by completing applications for licensing of heliport and grant applications. Completed design for heliport. Assisted hospital in developing marketing package.
- **Jefferson County (Fairfield):** Continued health assessment; phase II completed. At year's end awaiting decision by Ministerial Alliance to implement "Community Health Worker" concept.
- **Lamar County:** Received formal request from county health council to conduct community health and medical systems analysis. Phase I was set to begin in January 1992.
- **Macon County:** Continued implementation phase, working with community leaders, the Department of Veterans Affairs, Department of Health and Human Services, and state and local officials

THE CENTER FOR COMMUNITY HEALTH DEVELOPMENT

Everything We Do Comes Back To You

The CCHD's new logo, developed through the Bureau of Health Promotion and Information, reflects the expansion of services by the Center for Community Health Development. Formerly the Center for Rural Health Development, the office's increasing requests for services resulted in the mission of the Center being channeled toward improving health and medical delivery systems through the development of community leadership and involvement in both rural and urban Alabama.

Video produced by the Bureau of Health Promotion and Information

Where to turn for help? The Center for Community Health Development produced two public service announcements in 1991 to inform communities of its services. One PSA, pictured here, addressed the shortage of obstetrical care in rural areas; the other focused on the closure of rural hospitals.

to develop "Sharing Partners" concept whereby the dual agency proposal will allow the non-veteran community of Macon County to utilize TVAMC for acute medical care services.

- **Randolph County:** Requested by Wedowee Hospital Administration to assist in applying for grants and examine alternate uses for the facility in relation to the Wedowee/Randolph county health delivery system.
- **Shelby County (Wilsonville):** Continued implementation phase, assisting community in planning and development of medical care facility.
- **Sumter County:** Continued implementation phase. A planning meeting was scheduled for January 1992 to present to county commission information obtained concerning alternate uses for Livingston -Tombigbee Hospital.
- **Washington County:** Participated in multi-agency consortium funded by federal Rural Outreach Grant to implement a mobile health van to deliver health care services for segments of the population currently unable to access health and medical care services. Began assisting newly formed county emergency medical services in maximizing reimbursement potential.
- Completed analysis of availability of health care providers in 37 Alabama counties for the Alabama Datashare Consortium (ADSCON). Worked with the consortium to prepare public annual report of findings for the Family Practice Rural Health Board and to plan similar study for 1992.
- Participated in the planning, organizing, and implementation of the second Alabama Physician Opportunity Fair (PAOF). Continuing to serve on planning committee for PAOF for 1992. Assisted numerous rural communities in preparing for PAOF participation.
- Planned and arranged first annual Alabama Rural Health Association (ARHA) conference held in May 1991; continued to support organization by providing staff assistance for administrative duties.
- Assisted 15 rural hospitals in preparing Certificate of Need (CON) applications for provision of home health services in conjunction with county health departments.
- Contributed to the Alabama Department of Economic and Community Affairs' rapid response team and designed a working model for bringing together community leaders and providers to decide how to channel dislocated workers into the health care system.
- Developed a concept paper to address the growing concerns of the Alabama Medical Society regarding the increasing number of uninsured and uncompensated.
- Participated as a member of the Public Policy on Health Network in promoting public policy for rural health at the community level.
- Published quarterly newsletter.

(The Center for Community Health Development operates under the Bureau of Family Health Services.)

Primary Care/Minority Health Services Division

Health Professional Development
Technical Assistance to Federal and State Agencies

- Provided verification and support to Bureau of Health Care and Delivery Assistance requests for designation of Health Professional Shortage Areas (HPSA). These areas include primary care, dental health, and psychiatric health.
- Assisted the Alabama Data Share Consortium in the identification of health personnel shortages in medically underserved communities.
- Performed a statewide survey for the National Health Service Corps (NHSC) to obtain 43 loan repayment positions at 20 locations in Alabama.
- Assisted the Family Practice Rural Health Board in carrying out its objectives.

(Primary Care/Minority Health Services Division continued on page 50)

The Division of Primary Care/Minority Health Services has a primary focus on providing access to quality primary care for medically underserved and at-risk populations through the administration of the Alabama Primary Care Cooperative Agreement, a tri-party compact between the State Health Department, the Alabama Primary Health Care Association, and the U.S. Public Health Service. During FY 1991, the division enhanced the capacity to respond to minority health issues by staffing the Minority Health Branch.

(Primary Care/Minority Health Services Division continued from page 49)

In 1991 the division activated a national toll-free number to supply information on practice opportunities among the medically underserved in Alabama. The service has proved invaluable in reaching medical students, residents, and physicians.

Recruitment and Placement

- Participated in planning, coordinating, and promoting the Physicians' Alabama Opportunity Fair PAOF.
- Developed and mailed a recruitment information package to all senior primary care residents in Region IV.
- Maintained and supplied information on health professionals available for recruitment to health care facilities through the 1-800-255-1992 number.
- Made recruitment presentations to primary care residents from the University of Alabama at Birmingham, Huntsville, and Tuscaloosa and the University of South Alabama medical training programs.
- Performed clearinghouse functions to place 10 volunteer physicians, four federal loan repayment physicians, and four obligated NHSC physicians in the state.
- Provided information to state agencies on the Commissioned Officer Student Training and Extern Program COSTEP.
- Received the National Health Service Corps Director's Award recognizing contributions to underserved populations through the development of recruitment information describing health care career opportunities in Alabama.

Retention of Clinical Support Staff

- Provided clinical support to provider staff by conducting Clinical Directors Forums in conjunction with APHCA.
- Participated in planning for the U.S. Public Health Service Region IV Fourth Annual Primary Care Leadership Conference.
- Served as a member of the APHCA Clinical Services Committee.
- Distributed Health Department continuing medical education information to Community Health Center (CHC) clinical support staff.
- Served as member of U.S. Public Health Service Region IV Primary Care Task Force.

The division received the National Health Service Corps Director's Award recognizing contributions to underserved populations through the development of recruitment information describing health care career opportunities in Alabama. The Bureau of Health Promotion and Information assisted with the production of the recruitment materials.

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Primary Care Services for the Medically Underserved

- Reviewed CHC applications for continuation of initiatives for special populations (perinatal), substance abuse, and HIV/AIDS initiatives.
- Provided technical support to the department for the expansion of primary preventive services to CHCs. These preventive services included funding for WIC services in areas designated as "in-need," family planning service contracts, perinatal case management, and immunization services.
- Participated as a Health Department representative for interagency and intra-agency initiatives for the homeless, substance abusers, HIV/AIDS patients, and indigents.

Photograph courtesy of the office of Sen. Richard Shelby

The Minority Health Branch provided testimony in a U.S. Senate Hearing on the plight of African American males in Alabama.

■■■

Minority Health Branch

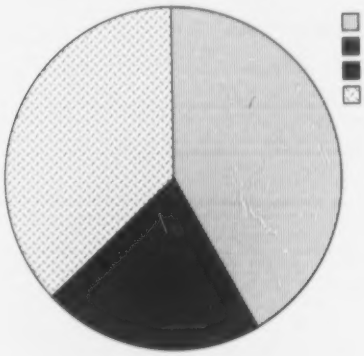
- Established a quarterly newsletter, *The Minority Health Branch Newsline.*
- Participated in U.S. Senate Hearing on the plight of African American males in Alabama.
- Served as the point of contact for the U.S. Public Health Service Office of Minority Health.
- Provided and disseminated educational materials to minority community-based organizations.
- Provided technical assistance and support for minority health legislative initiative.

(The Division of Primary Care/Minority Health Services operates under the Bureau of Family Health Services.)

The Minority Health Branch functions to augment the efforts of the Health Department in reducing the disparity between the health status of minority and disadvantaged populations and that of other Alabama residents. The first phase of the branch's efforts has been to promote the department's health care activities and agenda with targeted minority populations and their respective communities; community-based organizations; political leaders; and intergovernmental agencies and advisory groups.

Alabama Department of Public Health
Finance Summary Fiscal Year 1990 - 1991

Source of Funds



42%	Federal	$96,322,214
18%	State	$41,061,706
3%	Local	$5,934,420
37%	Earnings	$83,525,373

Total Funds: $226,843,713

In the past five years the Alabama Department of Public Health has improved its earning capacity to the point that earnings are exceeding state and local funding sources.

Expenditure of Funds

Total Expenditures: $226,843,713

Administrative Services
$14,085,628

Agency Administration
Financial Services
Personnel Services
Internal Audit
Legal Services
Health Information
Management & Planning
Health Promotion & Information
General Operations

Personal Health Services
$108,703,086

Primary Care Services
Perinatal Services
Family Planning Services
Maternal & Child Health Services
WIC Nutritional Services
Family Health Services, Special Projects
AIDS Prevention
Hypertension Services
Diabetes Services
Tuberculosis Services
Sexually Transmitted Diseases Services
Immunization Services
Epidemiology Services
Zoonotic Diseases Services
Dental Health Services
Long Term Care Services
Personal Health Services Administration

Health Support Services
$104,054,999

Clinical Lab Support
County Operations
Health Statistics
Food & Lodging Protection
Community Environmental Protection
Radiation Control
Licensure & Certification
Emergency Medical Services
Environmental & Health Service Standards

State Committee of Public Health

Chairman
James E. West, M.D., Anniston

Vice Chairman
Richard H. Esham, M.D., Mobile

Secretary
Claude Earl Fox, M.D., M.P.H., Montgomery

Pink L. Folmar, Jr., M.D., Birmingham

Garland C. Hall, Jr., M.D., Moulton

Patrick B. Jones, Jr., M.D., Dothan

William M. Lightfoot, M.D., Mobile

Ellann McCrory, M.D., Fort Payne

W. Earle Riley, M.D., Fairfield

Jon E. Sanford, M.D., Fayette

Robert H. Story, M.D., Tuskegee

James H. Walburn, M.D., Tuscaloosa

William C. Waller, M.D., Montgomery

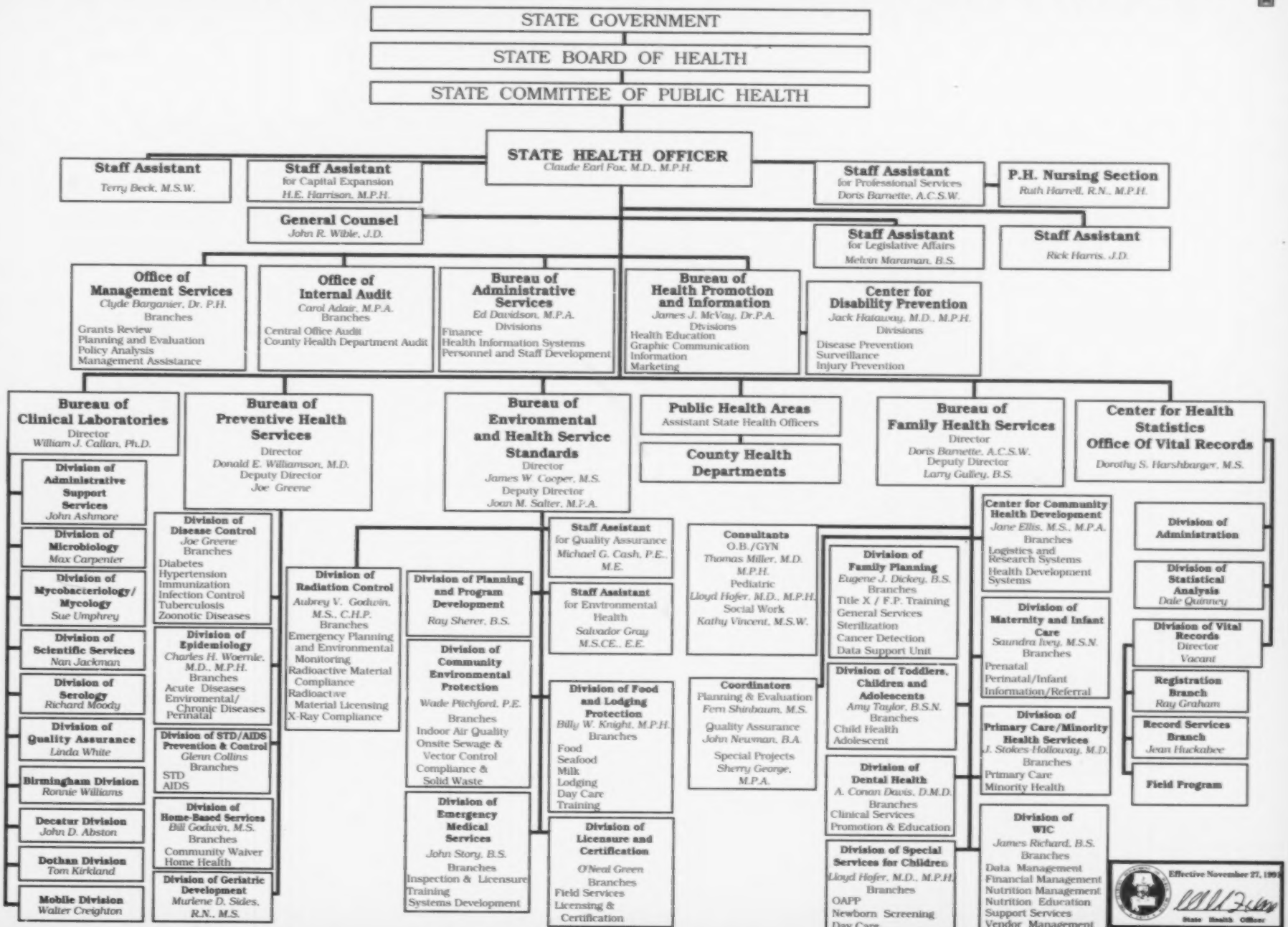
Council on Animal and Environmental Health
Walter W. Williams, D.V.M., Huntsville

Council on Dental Health
Naseeb L. Shory, D.D.S., Lillian

Council on Health Costs, Administration and Organization
Gary Glasscock, Fairfield

Council on Prevention of Disease and Medical Care
Billie R. Rozell, R.N., D.S.N., Toney

ORGANIZATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH



Health Department Services

The Alabama Department of Public Health provides a wide range of services to the public, other agencies, businesses, and various professionals in the areas listed below. Services offered vary by county health department, and some services are provided through the area and state levels.

Health Care Services

HIV/AIDS
Breast and cervical cancer detection
Child health
Dental health
Diabetes
Family planning
Hypertension
Immunizations
Laboratory
Maternity
Nutrition/WIC
Sexually transmitted diseases
Tuberculosis

Health Standards Protection

Emergency medical services (EMS) by ambulance providers
Evaluation of proposed cemeteries
Food, seafood, and milk quality
Health care facilities
Indoor air quality
Insect and animal nuisances that can transmit disease to humans
Onsite sewage disposal systems
Public lodging
Radioactive materials and X-ray equipment
Solid Waste
Water quality concerning bacterial contamination in residential wells

Health Information, Education, and Personnel Resources

Birth and death certificates
Community fluoridation programs
Disaster response services
Disease outbreak investigations
Health care resources development for underserved areas and populations
Health data collection and analysis
Health information and education
Home health services
Occupational health programs
Public health nursing services
Social work services

ALABAMA DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH AREAS

PHA 1
Betty W. Vaughan, M.D.
Assistant State Health Officer
Box 1628
Decatur 35602-7021
Phone 353-7021

PHA 2
T. Riley Lumpkin, M.D.
Assistant State Health Officer
1101 Jackson Avenue
Tuscaloosa 35401-3299
Phone 345-4131

PHA 3
Melinda G. Rowe, M.D.
Assistant State Health Officer
Box 1059
Pelham 35124-1059
Phone 987-9259

PHA 4
Thomas R. Nielsen, B.S.
Area Administrator
Box 2648
Anniston 36202-2648
Phone 236-3274

PHA 5
Tom Miller, M.D.
Assistant State Health Officer
434 Monroe Street
Montgomery 36130-1701
Phone 242-5133

PHA 6 North
Ruth Underwood, M.S.
Acting Area Administrator
P.O. Box 480280
Linden 36748-0280
Phone 295-1000

PHA 6 South
Ruth Underwood, M.S.
Area Administrator
Box 879
Spanish Fort 36527-0879
Phone 621-9101

PHA 7
Bernard H. Eichold II, M.D.
Assistant State Health Officer
Box 2867
Mobile 36652-2867
Phone 690-8158

PHA 8
Carole W. Samuelson, M.D.
Assistant State Health Officer
Box 2648
Birmingham 35202-2648
Phone 933-9110

Revised 3-92

Alabama is divided into eight public health areas to facilitate coordination, supervision and development of public health services. Area offices are responsible for developing local management programs of public health services and programs particularly suited to the needs of each area.

ALABAMA DEPARTMENT OF PUBLIC HEALTH
MAILING AND STREET ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS AND ADMINISTRATORS
March 1, 1992

COUNTY/ DISTRICT	NAME	TITLE	MAILING ADDRESS	TEL. NO.	STREET ADDRESS
PHA #1	Betty W. Vaughan, M.D.	ASHO	Box 1628, Decatur 35602-1628	353-7021	510 Cherry Street, N.E., 35601-1970
N WEST AL REGIONAL HD			Box 929, Tuscumbia 35674-0929	383-1231	1000 Jackson Hwy., Sheffield 35660-5761
Colbert	Karen Landers, M.D.	DHO	Box 929, Tuscumbia 35674-0929	383-1231	1000 Jackson Hwy., Sheffield 35660-5761
Franklin	Karen Landers, M.D.	DHO	Box 100, Russellville 35653-0100	332-2700	300 East Limestone Street, 35653-2448
Lauderdale	Karen Landers, M.D.	DHO	Box 1036, Florence 35631-1036	764-7453	200 West Tennessee Street, 35630-5420
TRI-COUNTY DH SERVICES			Box 1628, Decatur 35602-1628	353-7021	510 Cherry Street, N.E., 35601-1970
Cullman	Ron Grantland	HSA	Box 1678, Cullman 35056-1678	734-1030	601 Logan Avenue, S.W., 35055
Lawrence	Betty W. Vaughan, M.D.	DHO	Box 308, Moulton 35650-0308	974-1141	640 East Street, N., 35650-1292
Limestone	Betty W. Vaughan, M.D.	DHO	Box 889, Athens 35611-0889	232-3200	310 West Elm Street, 35611-1606
Morgan	Betty W. Vaughan, M.D.	DHO	Box 1628, Decatur 35602-1628	353-7021	510 Cherry Street, N.E., 35601-1970
Jackson	Lyle Haas	HSA	Box 398, Scottsboro 35768-0398	259-4161	609 South Broad Street, 35768-3756
Madison	Lawrence L. Robey, M.D.	LHO	Box 425, Huntsville 35804-0425	539-3711	304 Eustis Avenue, 35801-3118
Marion	Ron Grantland	HSA	Box 158, Hamilton 35570-0158	921-3118	1501 Military Street, S., 35570
Marshall	Lyle Haas	HSA	2067 Gunter Avenue, 35976	582-3174	2067 Gunter Avenue, 35976
Winston	Ron Grantland	HSA	Box 57, Double Springs 35553-0057	489-2101	Highway 195 South, 35553
PHA #2	T. Riley Lumpkin, M.D.	ASHO	Box 030009, Tuscaloosa 35403	345-4131	1101 Jackson Avenue, 35401-3299
WEST AL DH DEPT.			Box 030009, Tuscaloosa 35403	345-4131	1101 Jackson Avenue, 35401-3299
Bibb	William W. Denton	HSA	105 Church St., Centreville 35042-1207	926-9702	105 Church Street, 35042-1207
Greene	William W. Denton	HSA	Box 269, Eutaw 35462-0269	372-9361	412 Morrow Avenue, 35462-1109
Lamar	William W. Denton	HSA	Box 548, Vernon 35592-0548	695-9195	207 Columbus Avenue, W., 35592
Pickens	William W. Denton	HSA	Box 192, Carrollton 35447-9599	367-8157	Hospital Drive, 35447
Tuscaloosa	William W. Denton	HSA	Box 030009, Tuscaloosa 35403	345-4131	1101 Jackson Avenue, 35401-3299
Fayette	William W. Denton	HSA	Box 351, Fayette 35555-0351	932-5260	211 First Street, N.W., 35555-2550
PHA #3	Melinda G. Rowe, M.D.	ASHO	Box 1059, Pelham 35124-1059	987-9259	1738 Morgan Park Drive, 35124-1121
Blount	Frank Banks	HSA	Box 96, Oneonta 35121-0096	274-2120	1004 Second Avenue, East, 35121-2508
Chilton	Melinda G. Rowe, M.D.	DHO	Box 1778, Clanton 35045-1778	755-1287	101 Fifth Street, North, 35045-3442
St. Clair	Melinda G. Rowe, M.D.	DHO	Box 627, Pell City 35125-0627	338-3357	205 19th Street, North, 35125-1641
Shelby	Melinda G. Rowe, M.D.	DHO	Box 976, Columbiana 35051-0976	669-3920	110 Mildred Street, 35051-9331
Walker	Frank Banks	HSA	Box 3207, Jasper 35502-3207	221-9775	705 20th Avenue E., 35502-3207
PHA #4	VACANT	ASHO			
	Tommy Nielsen	HSA	Box 488, Anniston 36202-0488	236-3274	309 East Eighth Street, 36201-5731
Calhoun	Tommy Nielsen	HSA	Box 488, Anniston 36202-0488	237-7523	309 East Eighth Street, 36201-5731
Chambers	Ellene Mitchell	HSA	Box 319, LaFayette 36862-0319	864-8834	18 Alabama Avenue, East, 36862-1745
Cherokee	Jim C. Russell	HSA	Box 176, Centre 35960-0176	927-3132	833 Cedar Bluff Road, 35960-1005
Clay	Ellene Mitchell	HSA	Box 325, Ashland 36251-0325	354-2181	208 North Second E Street, 36251
Cleburne	Jim C. Russell	HSA	Box 36, Heflin 36264-0036	463-2296	Brockford Road, 36264-1605
Coosa	Jean Foster	HSA	Box 235, Rockford 35136-0235	377-4364	Jackson Street, 35136
DeKalb	Jim C. Russell	HSA	Box 347, Fort Payne 35967-0347	845-1931	500 Grand Avenue, South, 35967-1716
Etowah	Jean Foster	HSA	Box 555, Gadsden 35902-0555	547-6311	109 South 8th Street, 35901-2454
Randolph	Ellene Mitchell	HSA	527 Price St., Roanoke 36274-2196	863-8981	527 Price Street, 36274-2196
Talladega	Jean Foster	HSA	Box 1012, Talladega 35160-1012	362-2593	501 West South Street, 35160-2449
Tallapoosa	Ellene Mitchell	HSA	Box 125, Dadeville 36853-0125	825-9203	202 LaFayette Street, W., 36853-1327
PHA #5	Thomas Miller, M.D.	ASHO	434 Monroe Street, Montgomery 36130-1701	242-5133	88 W. Southern Boulevard, 36105-3144
Autauga	Bobby H. Bryan	HSA	Box G, Prattville 36067-0200	361-3743	153 West Fourth Street, 36067-3011
Barbour	Russell Killingsworth	HSA	Box 238, Eufaula 36027-0238	687-4808	133 North Orange Street, 36027-1619
Bullock	Ron Wheeler	HSA	Drawer 430, Union Springs 36089-0430	738-3030	103 Conecuh Avenue, W., 36089-1317
Butler	Ziba Anderson	HSA	Box 339, Greenville 36037-0339	382-3154	201 South Conecuh Street, 36037-2713
Coffee	Kenneth Ball	HSA	Box 1316, Enterprise 36331-1316	347-9574	Intersection of 167 N. & Co. Rd. 48, Enterprise 36331-2554
Covington	Ziba Anderson	HSA	Box 186, Andalusia 36420-0186	222-1560	300 West Watson, 36420-4533
Crenshaw	Ron Wheeler	HSA	Box 326, Luverne 36049-0326	335-6568	206 Fourth Street, E., 36049-1560
Dale	Russell Killingsworth	HSA	Box 1207, Ozark 36361-1207	774-5146	200 Katherine Avenue, 36360
Elmore	Bobby H. Bryan	HSA	Box 316, Wetumpka 36092-0316	567-1171	Highway 231 North, 36092
Geneva	Kenneth Ball	HSA	Box 386, Geneva 36340-0386	684-2257	606 South Academy Street, 36340-2527
Henry	Russell Killingsworth	HSA	Box 86, Abbeville 36310-0086	585-2660	505 Kirkland Street, 36310-2736
Houston	Gary Bennett	HSA	Drawer 2087, Dothan 36302-2087	793-1911	2101 Cottonwood Road, East, 36301-5309
Lee	Larry Leonard	HSA	Box 2207, Opelika 36803-2207	745-5765	1930 Pepperell Parkway, 36802-1301
Lowndes	Ziba Anderson	HSA	Box 35, Hayneville 36040-0035	548-2564	Highway 21, Tuskeena Street, 36040-0035
Macon	Faye Haygood	HSA	Drawer 180, Tuskegee 36083-0180	727-1800	608 North Dibble Street, 36083-1509
Montgomery	Fletcher Bancroft	HSA	515 W. Jeff Davis Ave., Montgomery 36104-4807	263-6671	515 West Jeff Davis Avenue, 36104-4807
Pike	Kenneth Ball	HSA	Box 425, Troy 36081-0425	566-2860	306 South Three Notch St., 36081-1910
Russell	Ron Wheeler	HSA	Box 548, Phenix City 36868-0548	297-0251	1320 Broad Street, 36868-0548
PHA #6-N	VACANT	ASHO			
	Ruth Underwood	HSA	Box 480280, Linden, 36748-0280	295-1000	100 E. Cahaba, 36748
Choctaw	Ruth Underwood	HSA	Box 629, Butler 36904-0629	459-4026	315 East Pushmataha Street, 36904-2533
Dallas	Dean Fields	HSA	Box K, Selma 36702-0330	874-2550	108 Church Street, 36702-0330
Hale	Ruth Underwood	HSA	Box 87, Greensboro 36744-0087	624-3018	1102 North Centerville St., 36744-1303
Marengo	Ruth Underwood	HSA	Box 480877, Linden 36748-0877	295-4205	209 North Main Street, 36748-0877
Perry	Ruth Underwood	HSA	Box 119, Marion 36756-0119	683-6153	206 Pickens Street, 36756-1818
Sumter	Ruth Underwood	HSA	Drawer 340, Livingston 35470-0340	652-7972	318 Washington Street, 35470
Wilcox	Dean Fields	HSA	Box 547, Camden 36726-0547	682-4515	107 Union Street, 36726-1728

COUNTY/ DISTRICT	NAME	TITLE	MAILING ADDRESS	TEL. NO.	STREET ADDRESS
PHA #6-S	VACANT	ASHO			
	Ruth Underwood	HSA	Box 879, Spanish Fort 36527-0879	621-9101	# 1 Spanish Fort Blvd., 36527
Baldwin	Charles Watterson	HSA	Box 538, Fairhope 36533-0538	928-5504	72 Fairhope Avenue, 36532-3421
Clarke	Ruth Underwood	HSA	Box 477, Grove Hill 36451-0477	275-3772	140 Clark Street, 36451
Conecuh	Charles Watterson	HSA	Box 110, Evergreen 36401-0110	578-1952	526 Bellville Street, 36401-3005
Escambia	Charles Watterson	HSA	Box 66, Brewton 36427-0066	867-5765	204 Sowell Street, 36426-2034
Monroe	Ruth Underwood	HSA	Box 609, Monroeville 36461-0609	575-3109	301 West Claiborne, 36460-1720
Washington	Ruth Underwood	HSA	Box 417, Chatom 36518-0417	847-2245	Court Street & Granade Avenue, 36518
PHA #7	Bernard H. Eichold, II, M.D.	ASHO	Box 2867, Mobile 36652-2867	690-8158	251 North Bayou Street, 36603-5827
Mobile	Bernard H. Eichold, II, M.D.	LHO	Box 2867, Mobile 36652-2867 (ATTNet	660-6179)	251 North Bayou Street, 36603-5827
PHA #8	Carole W. Samuelson, M.D.	ASHO	Box 2648, Birmingham 35202-2648	933-9110	1400 Sixth Avenue, South, 35233-1598
Jefferson	Carole W. Samuelson, M.D.	LHO	Box 2648, Birmingham 35202-2648	933-9110	1400 Sixth Avenue, South, 35233-1598

BRANCH OFFICES

Baldwin		Box 1089, Foley 36535-1089	943-2342	104 W. Wilson Blvd., Foley 36535
		Box 160, Bay Minette 36507-0160	937-0217	257 Hand Avenue, 36507-4823
Barbour		Box 217, Clayton 36016-0217	775-8324	North Midway Street, 36016
Chambers		3205 22nd Ave., Valley 36854-3020	768-2196	3205 22nd Avenue, 36854-3020
Escambia		Box 1390, Atmore 36504-1390	368-9188	Highway 31, North, 36502-9108
Henry		Box 175, Headland 36345-0175	693-2220	2 Cable Street, 36345-2136
Jefferson	Bessemer Health Center	2201 Arlington Avenue, Bessemer 35020-4299	424-6001	
	Eastern Health Center	5720 1st Ave., South, Birmingham 35212-2599	591-5180	
	Leeds Health Center	210 Park Drive, Leeds 35094-1846	699-2442	
	Morris Health Center	Box 272, Morris 35116-0272	647-0572	586 Morris Majestic Road, 35116-1246
	Northern Health Center	2817 30th Ave., North Birmingham 35207-4599	323-4548	
	Western Health Center	1700 Avenue E, Ensley, Birmingham 35218-1543	788-3321	
	Western Mental Health Center	1701 Avenue D, Ensley; Birmingham 35218-1532	788-7770	
Madison	Cavalry Hill Clinic	2900 Fairbanks, Huntsville 35816-2437	539-4194	
	WIC Building	Box 252, Huntsville 35804-0252	534-1651	Market Square Mall, 35804
	Triana Clinic	Box 425, Huntsville 35804-0425	539-3711	304 Eustis Avenue, 35801-3118
Montgomery	Primary Care Center	88 W. So. Blvd., Montgomery 36105-3144	281-8008	
Montgomery	Maternity Clinic	800-A W. So. Blvd., Montgomery 36111-2401	286-0907	
Montgomery	Speciality Clinic	800-B W. So. Blvd., Montgomery 36111-2401	284-3553	
Shelby		Box 846, Pelham 35124-0846	664-2470	3160 Highway 31, 35124-2022
Sylacauga		Box 2430, Sylacauga 35150-2430	249-3807	109 S. Anniston Ave., 35150-2962
		803 Third St., S.W., Childersburg 35044-1609	378-6190	
Tallapoosa		124 Airport Circle, Alexander City 35010-9805	329-0531	
Winston	Haleyville Office	Box 1047, Haleyville 35565-1047	486-2479	1001 20th St., 35565-1047

SATELLITE OFFICES

Coosa	Goodwater (Open Wed. & Thurs.)	Box 361, Goodwater 35072-0361	839-6727	Main Street, Hwy. 9 35702
Covington	Opp (Open Tuesdays)	Box 186, Andalusia 36420-0186	493-4411	108 N. Main St., 36467-2006
Marion	Winfield (Open Thursdays)	Box 158, Hamilton 35570-0158	487-3688	7th Street, E., 35594
Perry	Uniontown (Open Tues. & Thurs.)	Box 119, Marion 36756-0119	628-6226	216 Pinston Street, 36756
Randolph	Wedowee (Open Tuesday Afternoons & Wednesdays)	527 Price Street, Roanoke 36274-2196	357-4764	527 Price Street, 36274-2196
St. Clair	Ashville (Open Friday)	Box 249, Ashville 35953-0249	594-7944	411 North Gadsden Highway, 35953

AREA OFFICE FAX NUMBERS

Area 1	353-7901	Area 3	987-3353	Area 5	284-5308	Area 6S	621-9427
Area 2	349-5875	Area 4	237-7974	Area 6N	295-0006	Area 7	432-7443

Area 8 930-0243

ASHO—Assistant State Health Officer, DHO—District Health Officer, LHO—Local Health Officer, HSA—Health Services Administrator

Please notify The Office of Management Services of changes or errors, 434 Monroe Street, Montgomery, Alabama 36130-1701, Telephone 242-5081.

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